F-324

CR- SANT BALTIMORE CITY HEALTH DEPARTMENT

					TVA MAINTEDIC			DE DEAT	T. 1	68-	0004
BII	RTH NO.		WED	ICAL	EXAMINER'S	EKTIFIC	AIE	JF DEA	REG. NO.	00-	QUUIT
1	NAME OF DEC	EASED DITH	SHAMBER	RGER	FITZELL	2. DATE OF DEATH	Known E		Doy 5, 1968	Yeor Hou	:30 A. <sub>M.</sub>
4.	PLACE IN BAL				ONOUNCED DEAD	3. DATE		Month	Doy	Yeor Hou	
HC	L NAME OF SPITAL INSTITUTION	(IF NO	ESS OR LOCA	LORINST	ITUTION, GIVE STREET		NCED DEAD	August	5, 1968	5;	M.
0		roydow	n Road			A. STATE	lary lan	Mere deceosed	B. COUNTY	residence belore	odmission)
6.	SEX	7. RACE		8. MARR	IED X NEVER MARRIED	C. CITY OR T			D. INSIDE CIT	Y LIMITS?	
F	ema1e	Whi	te	WIDOW	/ED DIVORCED	Baltin	ore		1 to	s D No	3
	CT. 5.1		10. AGE (Ir losi birthdo	76	If Under   Yr. If Under 24 Hrs. Months   Doys   Hours   Min.		oydon		de la	-10	To matter
-	BIRTHPLACE (S		gn country)		12. CITIZEN OF	13. FATHER'S					
	MAF	YLAND	)		WHAT COUNTRY?	DANI	EL SH	AMBERG	ER		
14A don	.USUAL OCCU	PATION (Gi	ve kind of work	14B. KIND	OF BUSINESS OR INDUSTRY	15. MOTHER	S MAIDEN	NAME	154-15		
L			HOUS			MARTI		SMITH			
16. (Ye	WAS DECEAS s, no or unknown	(Il yes, give	U.S. ARMED wor or dotes	of service	213/50/81.21	IB. INFORM		mrmmmr		DRESS	T. T. T. T.
_	NC				CAUSE OF DEA		DWIN	FITZEL	L (AS I	N 5 ABO	AATE INTERVAL
	4/0	141								BETWEEN OF	NSET AND DEATH
	_	E OR CONE LEADING TO	DITION DIREC	CTLY	Arteriosc		Cardio	vascula	r Disease		
	(This does n	ot meon the	mode of dy	ing, e.g.,	(A) IMMEDIATE C	AUSE S A CONSEQU	ENCE OF:				
			c. It meons the ich coused dec								
	1A	NTECEDENT	CAUSES		(p)						
			ONS, IF ANY	, GIVING	(B)DUE TO, OR	AS A CONSEQ	UENCE OF:			the sixten 100 air to dee a sixten at a circum distribute six 100 de air circ	0 4 0 4 11 4 0 0 0 0 0 11 4 0 0 11
z	UNDERLYIN	IG CONDIT	ION LAST.	IINO INE	(C)						
5	422.	/	11		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \						
CERTIFICATION	TO THE DEA	ATH BUT NO	NDITIONS CO T RELATED TO I GIVEN IN PA	THE TERM	INAL				0 A O A a a o O a a u o a u o a a a a a		
ERT	20A. DATE OF	OPERATIO	N 20B. COP	NOITION	FOR WHICH OPERATION WA	S PERFORME	D			21. AUTOPSY?	(Yes or No)
0	0									no	
EDICA	UNDERLYING		ITRIB-		22B. PLACE OF INJURY(e.g., home, form, foctory, street, office	in or obout 22 bldg., etc.) IN	C. WHERE I	OID (If in Boltim UR?	ore City, give exo	t locotion)	
Σ			Doy) (Year	·) (Hou		22	F. HOW DIE	INJURY OCC	CUR?		
	(APPROX.)				m. WHILE AT NOT AT W	ORK					
	23. I cert	ify that Li	neld an I	nquiry [	Inspection 🐔 Au	tapsy 🗌	and that	an this basis	, death in my	apinian	
	resul	ed from: t	Natural cau	ses X	Accident Suicid	e Han	nicide 🗌	Undeterm	ined manner		
	ACTUAL	1	1 11	11/	11	C	HIEF MEDIC	AL EXAMINER	=	DATE	SIGNED
	SIGNATI	JRE U	word 1	1/10	M.D	ASSIS	TANT MEDIC	CAL EXAMINER	x	DAIL	JIOINED
	EXAMIN NAME (1		1d N.	Kornb	1um, M.D.	ASSOC	CIATE MEDIC	CAL EXAMINER	Augus	t 5, 196	8
	A. BURIAL CRE/ MOVAL (Speci		24B. DATE		24C. NAME of CEMETERY	ar CREMATOR	RY	24D. LOCATIO	N (City, lown	, or county)	(Stote)
L	CREMATA. DATE REC'D	MOIT	8/5/1 DEPT.	968 1258. N	GREENMO		JNERAL DIR	BA BA		MD.	
	-Al	JG 6	1968		68. Fallyna	W. I	BROOKS	BRADI	EY, DUN		D.
	254 BESA 2/2/48					1		1-1			

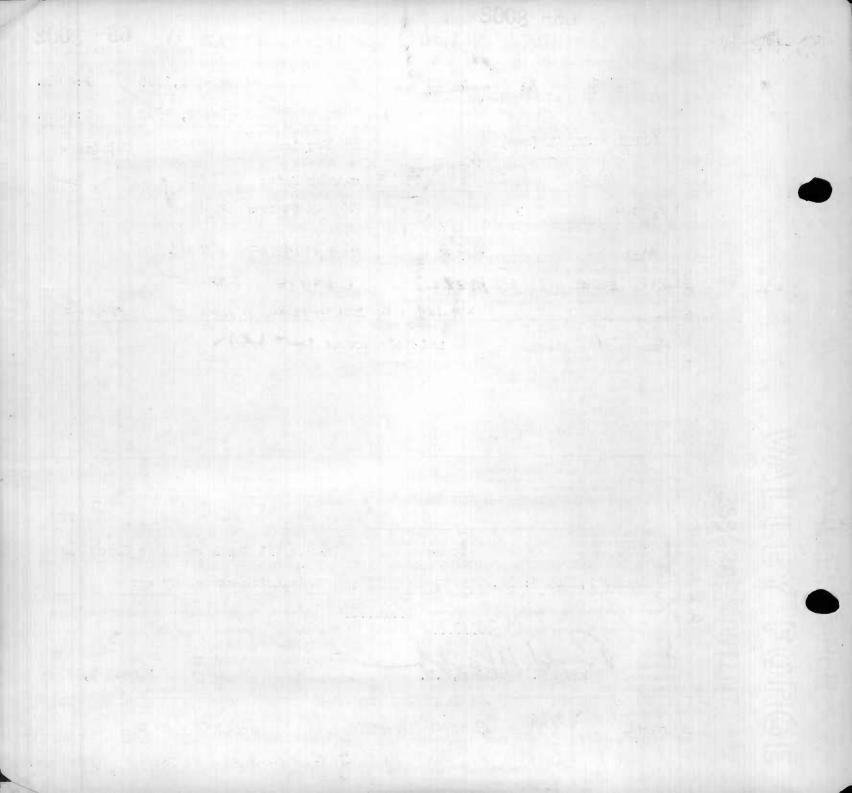
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## 68- 8002 BALTIMORE CITY HEALTH DEPARTMENT

68-	8002
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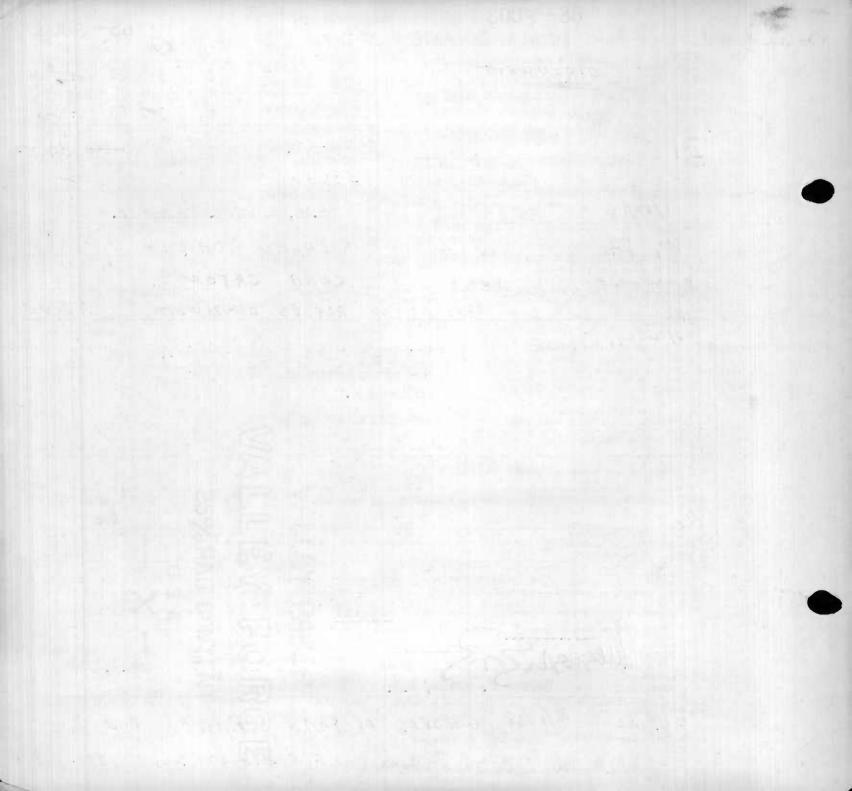
BIRTH NO.		MED	ICAL	EX	AMINER'S	CERTIF	-ICA1	TE OF	DEAT	H REG. N	10	0 0	002
1. NAME OF DEC	GEORGE		M.		DAVIS SR	2. DATE OF DEATH		own	Month Augus	t 2,19	968 Ye		40 A.
4. PLACE IN BAL	TIMORE, MA	RYLAND, W	HERE PR	ONOL	JNCED DEAD	3. DATE		2512	Month	Doy	Ye		
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NO	T IN HOSPITA	AL OR INST	TUTIO	N, GIVE STREET		DESIDEN		August			2:4	N
	ITY HOS	PITAL	(DOA)			A. STATE			Te deceoated in	B. COUNT	V	1timo	//
6. SEX	7. RACE		8. MARRI	IED 🛂	NEVER MARRIED	C. CITY	OR TOWN	4		D. INSIDE	CITY LIMI	TS?	
Male	Whit	e	WIDOW	ED 🗌	DIVORCED	] Spar	rows	Point			YES 🗌	NO E	}
9. DATE OF BIRT	24	10. AGE (Ir lost birthdo	yeors y)43	If Und Months	er 1 Yr. If Under 24 Hrs 1 Doys   Hours   Min		I AND N	Stree	t			53.	00
11. BIRTHPLACE (S	State or foreig	in country)			TIZEN OF	13. FATH	ER'S NA	ME					
M.	D <sub>r</sub>	e kind of work	148. KIND	U	HAT COUNTRY?  SA  JSINESS OR INDUST	RY 15. MOT	4 1	IN AIDEN NA	E. DA	1015			
done during most of v	working life, ev	en if retired)		0.00						WE			
ELECT 16. WAS DECEAS			FORCES	2 11	7. SOCIAL	18. INFO	ARR	16	// 0		ADDRESS	,	
Yes, no or unknown	(If yes, give v	vor or dotes	of service)		SECURITY NO.			DEL	10 0			JBOV	F
112.	ww	Д			219-189-23		213	EIN	DAVI	)			TE INTERVAL
E81	4.7							Today	rios			BETWEEN ON	SET AND DEAT
	E OR COND		CTLY		Multipl	e Irau	matic	inju	ries				
	LEADING TO		ina e a		(A) IMMEDIATE		FOUCHCE	. 05					
(This does not mean the mode of dying, e.g., heart foilure, osthenia, etc. It means the disease, injury or complication which coused death.)													
UNDERLYIN  OTHER SIGN  TO THE DE  DISEASE OF	ATH BUT NOT CONDITION	ION LAST.  II  NDITIONS CO RELATED TO GIVEN IN P	ONTRIBUT THE TERMI ART 1 (A).	INAL	(C)	NAS PERFO	RMED				21. A	UTOPSY? (	Yes or No)
1/2													yes
UNDERLYING UTING CA  22D. TIME	(Month) (D	TRIB- ATH. Doy) (Yeor	r) (Hour	hom e,	ACE OF INJURY(e.gform, foctory, street, of Street	fice bldg., etc.	Rout 22F. HO	e 151	South	of Mo	rse La		3-0
(APPROX.) A	ugust 2	2,1968	2:05A	m. WC	ORK AT	T WHILE WORK	Pec	lestri	an str	ick by	car		
	IER'S RO		14	K	57	.0.	Homicid CHIEF SSISTANT	MEDICAL	this basis, Undetermi EXAMINER EXAMINER		er 🗌		signed 968
24A. BURIAL CRE REMOVAL (Spec	MATION, 2	///	258. N	B	NAME of CEMETER	AT.		24D	BALT		town, or co		(Stote)
	AUG 6				E. Farly				WELL				O MA
VS 151-REV. 1/1/6	8 //	860					1	-	e e				



## 68- 8003 BALTIMORE CITY HEALTH DEPARTMENT

68-	8003
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BIRTH NO.	REG. NO.
1. NAME OF DECEASED DIRZUWEIT (Type or Print) The lma Dirzumita	2. DATE Known CK Manth 8 Day 3 Sear Hour 30 AM LEStimoted C
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy Year Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION	PRONOUNCED DEAD 8 3 68 4:30 AM.  5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
31 City Hospital	A. STATE Maryland B. COUNTY RESERVED BALTO
6. SEX 7. RACE B. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?
F WIDOWED DIVORCED	ESSEX YES NOT
9. DATE OF BIRTH  10. AGE (In years If Under 1 Yr. If Under 24 Hrs. Days, Haurs, Min.	Rt.14, Box 626 D. Claires La. 53-00
11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?	RICHARD DAILEY
14A. USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTR' done during most of working life, even if retired)	Y 15. MOTHER'S MAIDEN NAME
HOUSTWIFE HOME	CORA CATON
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give wor ar dotes of service)  17. SOCIAL SECURITY NO.	18. INFORMANT ADDRESS
NO 217-03-794	
19. 431, 9 I CAUSE OF DEA	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	e spontaneous intra-cerebral
(This does not mean the mode of dying, e.g., (A)IMMEDIATE (D)IMMEDIATE	CAUSE ASAGONSEQUENCERE:
heart failure, asthenia, etc. It means the disease, injury or complication which coused death.)	hage.
ANIFECTRENIT CANICEC	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE LINDERLYING CONDITION LAST	AS A CONSEQUENCE OF:
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W.	
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	AS PERFORMED 21. AUTOPSY? (Yes or No)
02	Yes
22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.	in or about 22C. WHERE DID (If in Boltimore City, give exact location) to bldg., etc.) INJURY OCCUR?
	22F. HOW DID INJURY OCCUR?
OF INJURY (APPROX.)  WHILE AT NOT WORK AT W	WHILE C
23.  I certify that I held on Inquiry Inspection Au	ond that on this basis, death in my opinion
resulted from: Notural couses Accident Suicid	de Homicide Undetermined manner
ACTUAL SIGNATUR MULTINA M.E.	CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER Aug. 3,1968
EXAMINER'S NAME (Type) Werner J. Spitz, M.D.	ASSOCIATE MEDICAL EXAMINER
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY	or CREMATORY 24D. LOCATION (City, lown, or county) (Stote)
BURIAL 0/6/68 GARDENS	OF FAITH BACTO. MD
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
AUG 6 1968 R. P. J. F. Farluna	J. G. CONNELLY SONS 300 MACE
VS 151-REV. 1/1/6B	



attendance on the

	LV- OIII				
matt	00- 800	04 CERTIFICA	TE OF DEATH	REG. NO	68- 8004
IRTH NO.				HOUR OF DEATH	
ype or Print) ADTUCIO	CA+	= DTOOL	2. DATE AND	HOUR OF DEATH	
PLACE IN BALTIMORE MARYLA	CA116	14/010	4. USUAL RESIDENCE (Where	deserred live 15	168 4:30 AN
PLACE IN BALIMORE MARILA	AND, WHERE PRONO	UNCED DEAD	A. STATE B. COUNT		Total delice belote admission)
ULL NAME OF (IF NOT IN	HOSPITAL OR INSTIT	UTION, GIVE STREET	MD.		23-04
OSPITAL OR ADDRESS O	R LOCATION)		C. CITY OR TOWN	D. INS	IDE CITY LIMITS?
UNION MEM	IORIAL H	CSPITAL	Baltimore  E. STREET AND NUMBER		YES NO
21-1100	= MN			P-14- W4	23 225
SEX BASE	L 010		501 Arsan St.	AGE (In years	
BALTIMOR  SEX 6. RACE  MALE CAUCAS	MARRIED WIDOWED	DIVORCED DIVORCED		ost birthday 79	If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.
A, USUAL OCCUPATION (Give kind	d at work 108, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign	n country)	12. CITIZEN OF WHAT COUNTRY
Retired Baker	retired)		MD		U.S.A
FATHER'S NAME			14. MOTHER'S MAIDEN NAM	E	
James B. Cattert	on		Morros T. Codd		
. Was Deceased Ever in U. S. Am		1 6. SOCIAL	Mary L. Catte	ruon	ADDRFSS.
es, no ar unknown) (If yes, give war	or dates of service)	SECURITY NO.			elto. Md. 21225
Yes W. W. 1		Unknown	Mr. James A. M	cKeldin 50	Ol Arsan Ave.
heart failure, asthenia, etc. It injury or complication which			A CONSEQUENCE OF:		
ANTECEDENT C DISEASES OR CONDITION rise to the above cause UNDERLYING CONDITION to	S, if ony, giving e (A) stating the	(B) DUE TO, OR AS	HYDRATION A CONSEQUENCE OF:		
DISEASES OR CONDITION rise to the above cause UNDERLYING CONDITION IN  3 3            OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT RELATE DISEASE OR CONDITION GIVEN	S, if ony, giving e (A) stating the ost.  NS CONTRIBUTING ED TO THE TERMINAL IN PART 1 (A).	(C)	A CONSEQUENCE OF:  20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE	FINDINGS CONSIDERED
DISEASES OR CONDITION rise to the above cause UNDERLYING CONDITION IS  3 3            OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT RELATE DISEASE OR CONDITION GIVEN 19A. DATE OF OPERATION 19	S, if ony, giving e (A) stating the ost.  NS CONTRIBUTING ED TO THE TERMINAL IN PART I (A).  8. CONDITION FOR AS PERFORMED	(C)	A CONSEQUENCE OF:	20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED
DISEASES OR CONDITION rise to the above cause UNDERLYING CONDITION to the state of	S, if ony, giving e (A) stating the ost.  NS CONTRIBUTING ED TO THE TERMINAL IN PART 1 (A).  18. CONDITION FOR MAS PERFORMED  21B. OF	WHICH OPERATION  -PLACE OF INJURY (e.g., in the, form, foctory, street, of	A CONSEQUENCE OF:	IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?  re City, give exact location)
DISEASES OR CONDITION nise to the above cause UNDERLYING CONDITION to  OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT RELATE DISEASE OR CONDITION GIVEN 19A. DATE OF OPERATION 19A. DATE OF OPERATION 21A. ACCIDENT WAS UNDERL OR CONTRIBUTING CAUSE OBATH (notify medical examiner 21D. TIME (Month) (Day)	S, if ony, giving e (A) stating the ost.  NS CONTRIBUTING ED TO THE TERMINAL IN PART 1 (A).  8. CONDITION FOR VAS PERFORMED  21B hometc.	WHICH OPERATION  -PLACE OF INJURY (e.g., in the, form, foctory, street, of	20A. AUTOPSY? (Yes or No)	(If in Boltimo	USES OF DEATH?
DISEASES OR CONDITION rise to the above cause underlying Condition to the significant condition to the death but not related disease or condition given 19A. Date of operation 19 was underly or contributing Cause or contributing Cause of Death (notify medical examiner	S, if ony, giving e (A) stating the ost.  NS CONTRIBUTING ED TO THE TERMINAL IN PART I (A).  8. CONDITION FOR VAS PERFORMED  21B horr etc.  (Year) (Haur) 21E.	WHICH OPERATION  PLACE OF INJURY (e.g., in the form, foctory, street, of the foctory)  INJURY OCCURRED to the form the form the foctory that the foctory the foctory the foctory the foctory that the foctory the foctory the foctory that the foctory the foctory that the foctory that the foctory the foctory that	20A. AUTOPSY? (Yes or No)  n or about 21C. WHERE DID fice bldg., INJURY OCCUR?	(If in Boltimo	USES OF DEATH?
DISEASES OR CONDITION rise to the above cause UNDERLYING CONDITION IS  OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT RELATE DISEASE OR CONDITION GIVEN 199A. DATE OF OPERATION 19  21A. ACCIDENT WAS UNDERLOW DEATH (notify medical examiner DEATH (notify medical examiner  21D. TIME (Month) (Doy) OF INJURY	S, if ony, giving e (A) stating the ost.  NS CONTRIBUTING ED TO THE TERMINAL NIN PART 1 (A).  S. CONDITION FOR VAS PERFORMED  YING 21B, hometc.  (Year) (Hour) 21E, Wh.	WHICH OPERATION  PLACE OF INJURY (e.g., in foctory, street, of a line)  INJURY OCCURRED  ile At Not While the At Work	20A. AUTOPSY? (Yes or No)  n or about 21C. WHERE DID fice bldg., INJURY OCCUR?  21F. HOW DID INJU	(If in Boltimo	re City, give exact location)
DISEASES OR CONDITION is to the above cause UNDERLYING CONDITION Is UNDERLYING CONDITION IS TO THE DEATH BUT NOT RELATED IS EASE OR CONDITION GIVEN 19 A. DATE OF OPERATION 19 W 19 A. DATE OF OPERATION 19 CAUSE OF INJURY (APPROX.)  21 D. TIME (Month) (Doy) OF INJURY (APPROX.)	S, if ony, giving e (A) stating the ost.  NS CONTRIBUTING ED TO THE TERMINAL IN PART I (A).  18. CONDITION FOR A S PERFORMED  YING 218. hom etc.  (Year) (Hour) 21E. Who cospital) attended to	WHICH OPERATION  PLACE OF INJURY (e.g., in foctory, street, of a line)  INJURY OCCURRED  ile At Not While the At Work	a CONSEQUENCE OF:  20A. AUTOPSY? (Yes or No)  n or about 21C. WHERE DID fice bldg., INJURY OCCUR?  21F. HOW DID INJU	(If in Boltimo	re City, give exact location)
DISEASES OR CONDITION is to the above cause UNDERLYING CONDITION Is to the above cause UNDERLYING CONDITION Is to the above cause UNDERLYING CONDITION IS TO THE DEATH BUT NOT RELATED IS EASE OR CONDITION GIVEN IN THE ABOVE CAUSE OR CONTRIBUTING CAUSE OF CONTRIBUTING CAUSE OF CONTRIBUTING (Month) (Day) OF INJURY (APPROX.)  22. I certify that (I) (this he that (I) (we) last saw the death of the above cause of t	S, if ony, giving e (A) stating the ost.  NS CONTRIBUTING ED TO THE TERMINAL IN PART 1 (A).  8. CONDITION FOR AS PERFORMED  21B. hometc. (Year) (Hour) 21E. Wh.	WHICH OPERATION  PLACE OF INJURY (e.g., in the, form, foctory, street, of the	20A. AUTOPSY? (Yes or No)  n or about 21 C. WHERE DID fice bidg., INJURY OCCUR?  21F. HOW DID INJU	(If in Boltimo	re City, give exact location)
DISEASES OR CONDITION rise to the above cause UNDERLYING CONDITION to the significant condition of the DEATH BUT NOT RELATED TO THE DEATH OF CONTRIBUTING AUSE OF CONTRIBUTING CAUSE OF CONTRIBUTING CAUSE OF INJURY (APPROX.)  21.1 certify that (1) (this he that (1) (we) last saw the dound hour and from the couse of the co	S, if ony, giving e (A) stating the ost.  NS CONTRIBUTING ED TO THE TERMINAL IN PART 1 (A).  8. CONDITION FOR AS PERFORMED  21B. hometc. (Year) (Hour) 21E. Wh.	WHICH OPERATION  PLACE OF INJURY (e.g., in the, form, foctory, street, of the	20A. AUTOPSY? (Yes or No)  n or about 21 C. WHERE DID fice bidg., INJURY OCCUR?  21F. HOW DID INJU	(If in Boltimo	re City, give exact location)  8 /4 19 6 inion death accurred on the date
DISEASES OR CONDITION rise to the above cause UNDERLYING CONDITION II  OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT RELATE DISEASE OR CONDITION GIVEN 19A. DATE OF OPERATION 19  DEATH (notify medical examiner DEATH (notify medical examiner  21D. TIME (Month) (Day) OF INJURY (APPROX.)  22. I certify that (I) (this he that (I) (we) last saw the de	S, if ony, giving e (A) stating the ost.  NS CONTRIBUTING ED TO THE TERMINAL IN PART 1 (A).  8. CONDITION FOR AS PERFORMED  21B. hometc. (Year) (Hour) 21E. Wh.	WHICH OPERATION  PLACE OF INJURY (e.g., in form, foctory, street of like A1 Not While the deceased from the deceased fro	20A. AUTOPSY? (Yes or No)  n or obout 21C. WHERE DID fice bldg., INJURY OCCUR?  21F. HOW DID INJU  7	(If in Boltimo	re City, give exact location)
DISEASES OR CONDITION nise to the above cause UNDERLYING CONDITION to  OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT RELATE DISEASE OR CONDITION GIVEN 19A. DATE OF OPERATION 19  21A. ACCIDENT WAS UNDERL OR CONTRIBUTING CAUSE OF INJURY (APPROX.)  22. I certify that (I) (this he that (I) (we) last saw the de ond hour and from the cause 23A. SIGNATURE  CONDITION  OTHER SIGNIFICANT ON THE CONDITION  OTHER SIGNIFICANT ON THE CONDITION  OTHER SIGNIFICANT ON THE CONDITION  OTHER SIGNIFICANT OTHER	S, if ony, giving e (A) stating the ost.  NS CONTRIBUTING ED TO THE TERMINAL IN PART 1 (A).  18. CONDITION FOR VAS PERFORMED  YING 21B. whometc.  (Year) (Hour) 21E. Who ospital) attended the eceased alive on	DUE TO, OR AS  (C)	20A. AUTOPSY? (Yes or No)  n ar about 21C. WHERE DID fice bldg., INJURY OCCUR?  21F. HOW DID INJU  21F. HOW DID INJU  19 20 and that lew the body after death.	(If in Boltimon RY OCCUR?  In In (my) (our) api	inion death accurred on the data
DISEASES OR CONDITION rise to the above cause UNDERLYING CONDITION to the significant condition of the DEATH BUT NOT RELATED TO THE DEATH OF CONTRIBUTING AUSE OF CONTRIBUTING CAUSE OF CONTRIBUTING CAUSE OF INJURY (APPROX.)  21.1 certify that (1) (this he that (1) (we) last saw the dound hour and from the couse of the co	S, if ony, giving e (A) stating the ost.  NS CONTRIBUTING ED TO THE TERMINAL IN PART 1 (A).  8. CONDITION FOR AS PERFORMED  21B. hometc. (Year) (Hour) 21E. Wh.	DUE TO, OR AS  (C)	20A. AUTOPSY? (Yes or No)  n ar about 21C. WHERE DID fice bldg., INJURY OCCUR?  21F. HOW DID INJU  21F. HOW DID INJU  19 20 and that lew the body after death.	(If in Boltimo	inion death accurred on the data

VS 150-REV. 1/1/6B

8/7/68 1968 to E Salama

Cedar Hill Cemetery

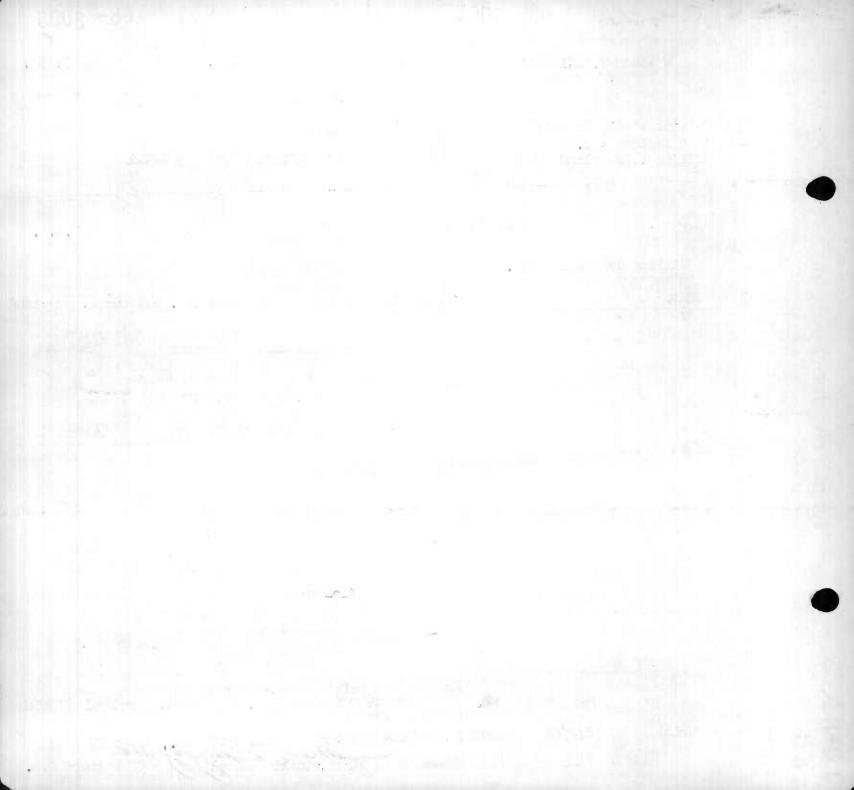
25C. FUNERAL DIRECTOR F /McCully

Balto. Md.

Balto.

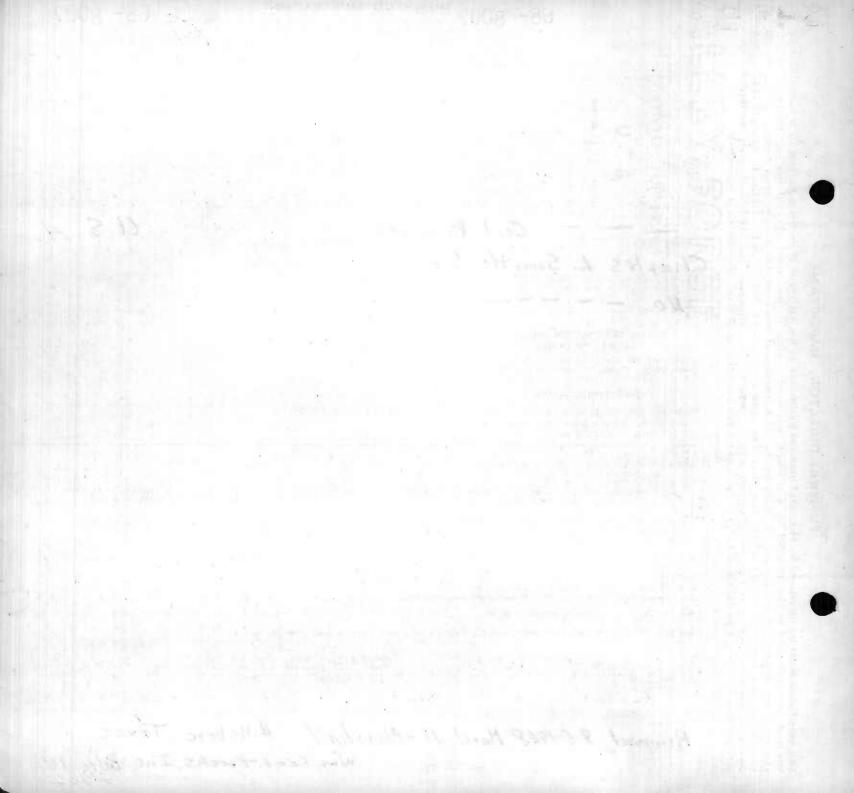
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BIRTH NO.	34 6	8- 8005 CERT	IFICATE O	F DEATH	REG, NO.	68-	8005
NAME OF DECI	EASED			2. DATE	AND HOUR OF DEATH	l i	
Type or Print) WILL	IAN T CALDUM	ET.T.		At	196	DEATH  1968  32  ved. If institution: residence before  imore  D. INSIDE CITY LIMITS?  YES NO DE  # 21221  POTS If Under 1 Yr. If Under Hours  Months: Doys Hours  12. CITIZEN OF WHAT  U.S  ADDRESS  # 21224  APPROXIMATE  BETWEEN ONSET  HOW M.  APPROXIMATE  BETWEEN ONSET  HOW M.  WERE FINDINGS CONSIDERED  NG CAUSES OF DEATH?  TES  Baltimore City, give exect location)  Tee - hit pole  ALQUST H.  238. DATE SIGNED  F-4-68  als  Maryland #  (City, town, or county)  Co. Maryland #  Co. Maryland #	3.45P.
			4. USUA	L RESIDENCE (V	Vhere deceased lived. If i		e boforo odmission
ULL NAME OF	(IF NOT IN HOSPIT	TAL OR INSTITUTION, GIVE STI	REET Mar	yland	Baltimor	- W	53-0
NSTITUTION Baltimore	City Hospits	ale			D. IIVS	1	NO WY
	-	3.4.0			2	153	140 824
		# 2722/	236	Fngleber	th Pond #	2222	
SEX	6. RACE						. If Under 24 Hrs
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Wos Deceosed	Ever in U. S. Armed For	cos? 16. SOCIAL	17. INFOR		(e)LSS	ADDI	RESS
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18 9 4	OXI	2/12	A .			APPR	OXIMATE INTERVAL
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A	NTECEDENT CAUSES	- V G	0 .				J
		CT45	Trolonge	d Hyp	OFUSION		OHRS
rise to the	above cause (A)	stating the	O, OR AS A CONSE	JUENCE OF:			
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F960	X II	2 1					
OTHER SIGNIF	CANT CONDITIONS CO	NTRIBUTING 35	D				
TO THE DEATH	BUT NOT RELATED TO TH	HE TERMINAL	Kara	desici	E		
	OPERATION 198. CON	DITION FOR WHICH OPERATIO	ON 20A. A	UTOPSY? (Yes or	Nol 208, IF YES, WERE	FINDINGS CONS	IDERED
15-7/21/2	, WAS PERF	FORMED	~		IN CERTIFYING CA	USES OF DEATH	?
21A. ACCIDEN	T WAS UNDERLYING	21B PLACE OF INIII	United		Uf in Relaine.	- City - I	
OR CONTRIBU	TING CAUSE OF	home, form, foctory,	street, office bldg.,	NJURY OCCUR?	(if in pairmoi		
)	medical examiner	Jo etc. Stre	et =	Belair	Ocoad	00-0	0
21 D. TIME	(Month) (Doy) (Year)						
(APPROX.)	1950	While At	Not White	Car sl	id on Ice	- hit	pole
	MILLIAN T. CAIDMEIL IN BARTMORE MARKAND, WHERE PRONOUNCED DEAD  ME OF MARKAND WHERE PRONOUNCED DEAD  MATYLAND  BASSEX  LOCUPATION NUMBER  COCUPATION NUMBER  LOCCUPATION NUMBER  LOCCU			0			
22. I certify	that (1) (this hospital						
that (1) (we)	lost sow the deceose	d olive on Ac	qust 4 19	68 and	that in (my) (our) opi	inion deoth occ	urred on the do
ond hour ond	from the couses stat	red abave. (1) (We) (did) (di	d not) view the b	ody ofter dead			
23A. SIGNATUI				ou, one deon		238 DATE SIGN	IFD
0 9	1 0	hand on a wi	Attending -	Med.	Staff (V)		_/
	Mellero	IN TAXONOROL DEL	Dham	Director L	Phys.	8-4-6	•
23C. PHYSICIAN	Y'S pe)		23D. ADDR	ESS	- II - II 3		
		old Mm	Dalt	imore Ult	y Hospitals	36	" " "
4A. BURIAL CREA	AATION, 248, DATE				e Baltimore	Marylan	d # 2122/
REMOVAL (S	pecify)	N. C.			LOCATION (C.	ity, town, or count	(Stote)
Burial	8/7/68	Gardens of F	aith Cemen	Parent P	altina o		51 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
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			(7)		1///	Tiol nes	COTIL WALL
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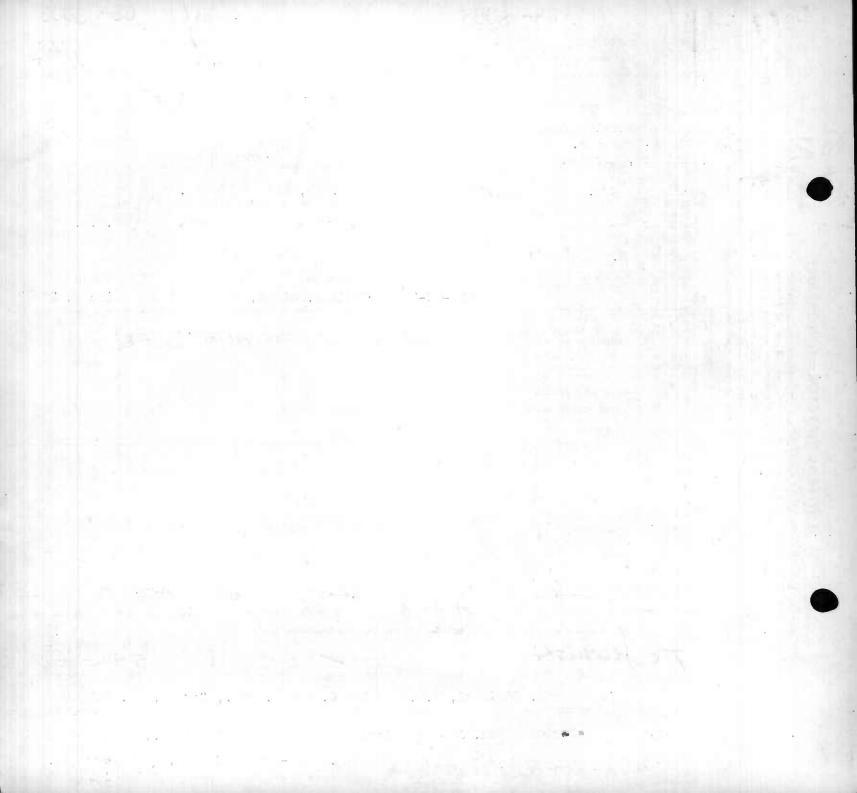


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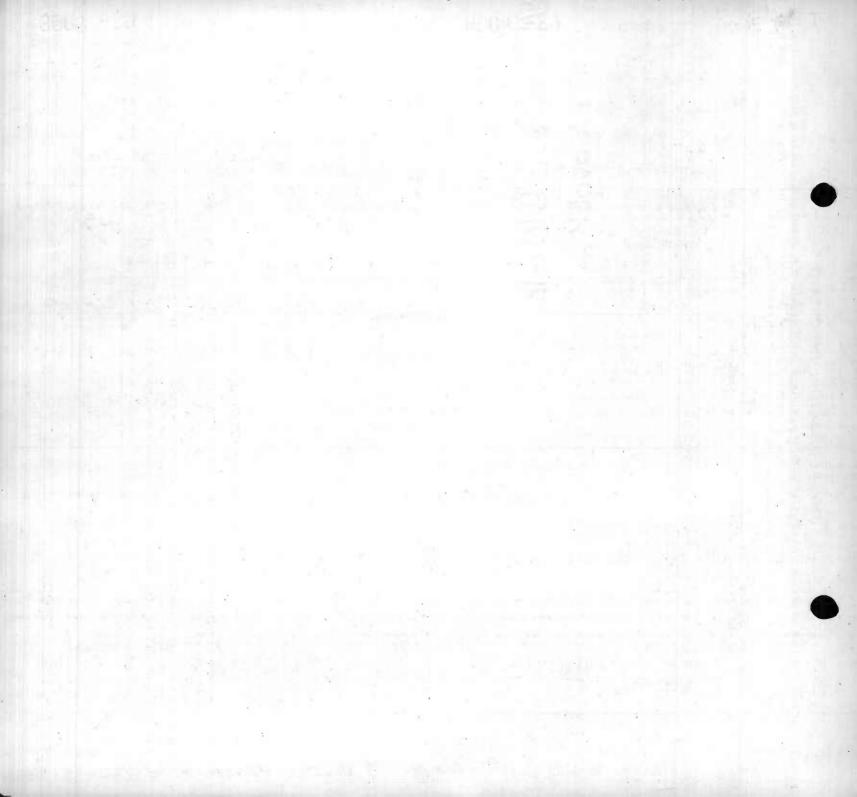
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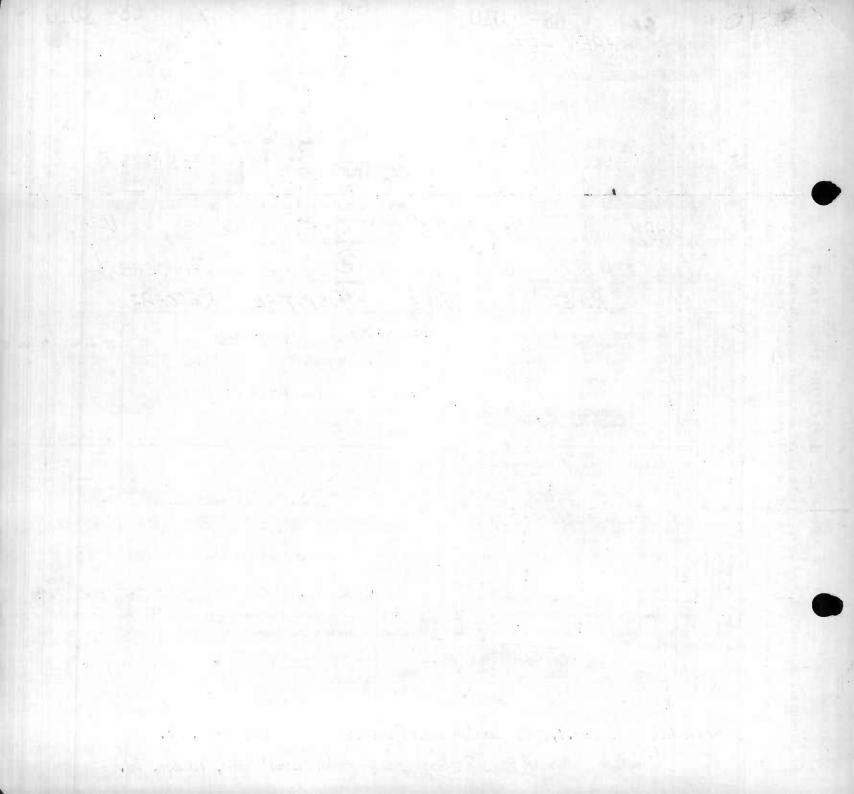


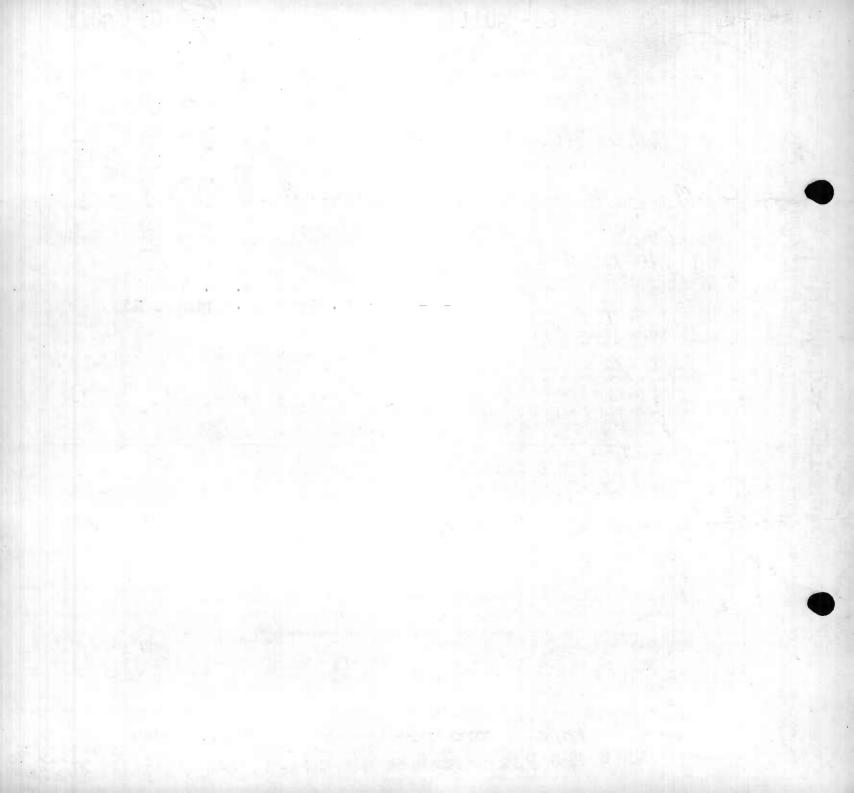
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	68	- of		HEALTH DEPARTMEN		68- 2009				
BIRTH NO.		80	09 CERTIFICA			0000				
(Type or Print)	TRAUT,	AL	BERT		-2-1968	2 - A - M				
3. PLACE IN BA	LTIMORE, MARYLAND, W	HERE PRON	OUNCED DEAD	A. STATE B.	COUNTY	institution: residence before admission)				
FULL NAME O HOSPITAL OR INSTITUTION	F (IF NOT IN HOSPIT ADDRESS OR LOCA	AL OR INS	TITUTION, GIVE STREET	MARYLAN C. CITY OR TOWN	The second secon	ISIDE CITY LIMITS?				
	RCH HOHE	HOSPI	TAL	BALTIME		YES NO				
35				E. STREET AND NUME	CHLEY AVE	21206				
5. SEX	6. RACE	7- MARRIE	D NEVER MARRIED DIVORCED	B. DATE OF BIRTH	9. AGE (In years lost birthday)	tf Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.				
done during most o	CUPATION (Give kind of world working life, even if refired)  E SERVICEMAN	10B. KIND	OF BUSINESS OR INDUSTRY	MARYL		12. CITIZEN OF WHAT COUNTRY				
3. FATHER'S N.	-	1		14. MOTHER'S MAIDER	NAME					
C	CONRAD T	RAU	_	Louis	E WHITE	FRAF				
5. Was Decease Yes, no ar unknow	ed Ever in U. S. Armed For	rces? es of service	1 6. SOCIAL SECURITY NO.	17. INFORMANT	e Milliand Milliand	ADDRESS				
NO.			212-05-3163	MRS TRAYN	A BIGGS- 4	1711 SCHLEY AU				
UNDERLYIN OTHER SIGN TO THE DEL DISEASE OR	he abave cause (A) NG CONDITION lost.  II IFICANT CONDITIONS CO ATH BUT NOT RELATED TO T CONDITION GIVEN IN PAF	NTRIBUTING HE TERMINA RT 1 (A).	(c)			to Not brown				
D 19A. DATE	OF OPERATION 198. CON WAS PER		R WHICH OPERATION	20A. AUTOPSY? (Yes	ar Na) 208. IF YES, WERI	AUSES OF DEATH? WES				
OR CONTRI	ENT WAS UNDERLYING DEBUTING CAUSE OF	[h	18. PLACE OF INJURY (e.g., i ome, farm, factory, street, a tc.)	n or about 21C. WHERE Diffice bldg., INJURY OCCU	OID (If in Boltim	are City, give exact locksion)				
21D. TIME OF INJURY (A PPROX.)	(Manth) (Day) (Year)		1E. INJURY OCCURRED  While At	21F. HOW DID INJURY OCCUR?						
22. I certif	22. I certify that (N) (this haspital) attended the deceased from $8-1-1968$ to $8-2-1968$									
that (h) (w	that (N (we) last saw the deceased alive an 8 - 2 - 19 68 and that in (my) (aur) apinion death accurred an the d									
		ted above.	(I) (We) (did) ( <del>did not)</del> v	view the bady after death.						
23A. SIGNA	Homia	lique	Atte Phy	nding Med. Director	Staff Phys.	23B, DATE SIGNED 8-2-1968				
23C. PHYSIC NAME	(Type)	DIRG		23D. ADDRESS CHURCH	HOME AN	ID HOSPITAL				
24A. BURIAL CI	REMATION, 248. DATE	24C.	NAME of CEMETERY of CRI	MATORY 2	4D. LOCATION	City, tawn, as caunty) (State)				
BUIZ!	04//-	8 13 25B. NAM	ALTIMORE CE	25C. FUNERAL DIRE	BALTIMORE	ADDRESS				
AU	G 6 1968 R	Cat 8	the state of the	DLLRKH	FUNERALHA	n= -4210 BELINE				

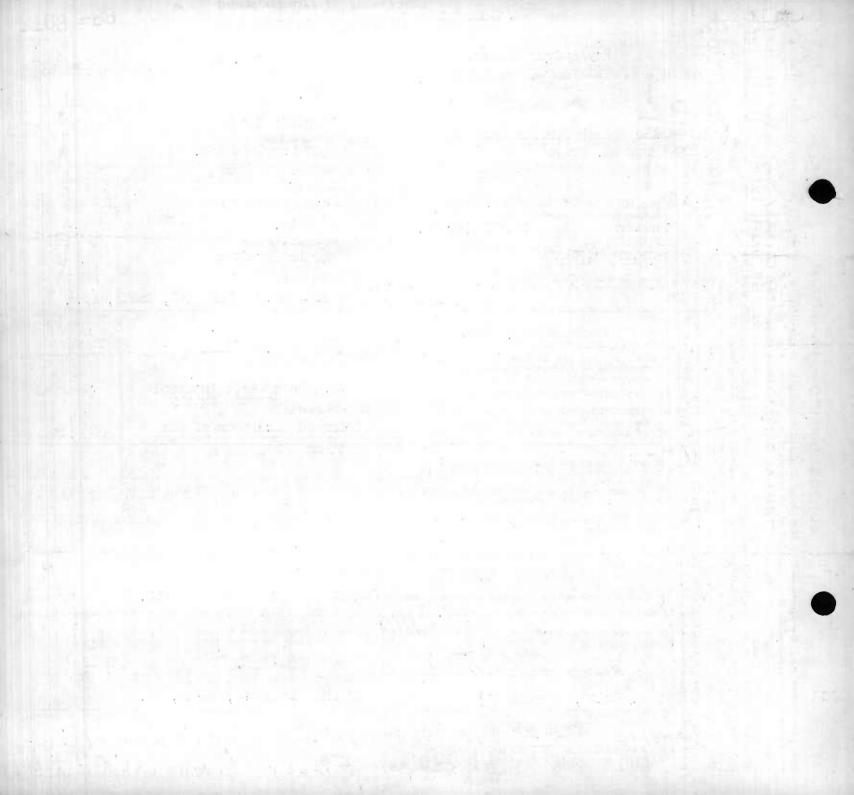
FUNERAL HOME - 4210 BELINE





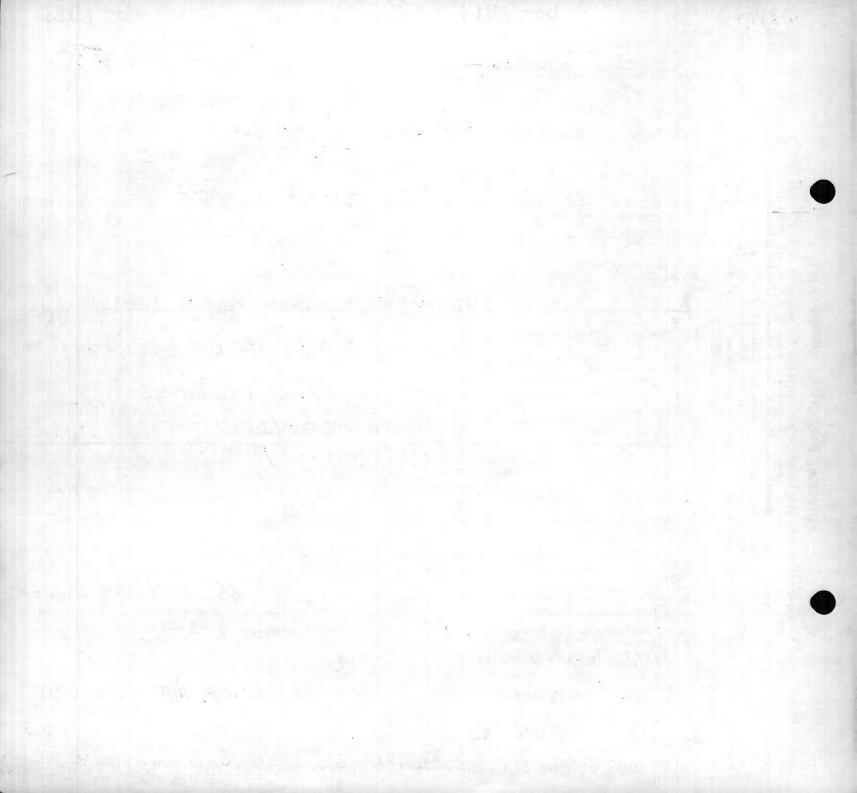


BALTIMORE CITY HEALTH DEPARTMENT



BALTIMORE CITY HEALTH DEPARTMENT

NO' If Under 24 Hrs. Hours i Min. If Under 1 Yr. Months! Doys Hours 12. CITIZEN OF WHAT COUNTRY? ADDRESS BETWEEN ONSET AND DEATH 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exoct location) and that in (my) (aur) apinian death accurred an the date 23 B. DATE SIGNED (City, town, or county) ADDRESS



IMPORTANT

DIRECTOR:

FUNERAL

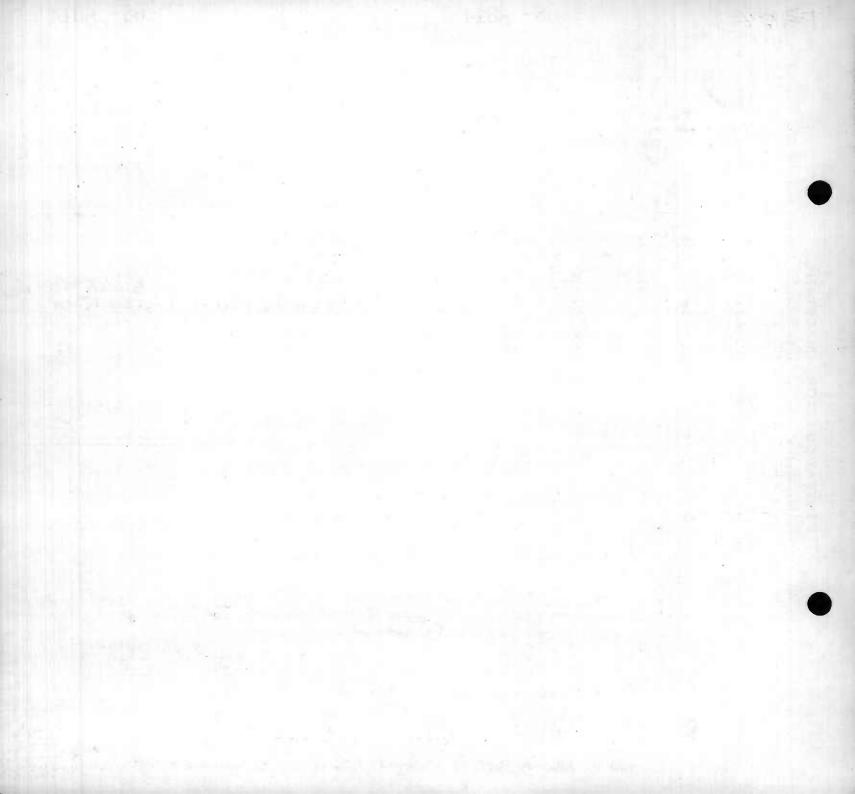
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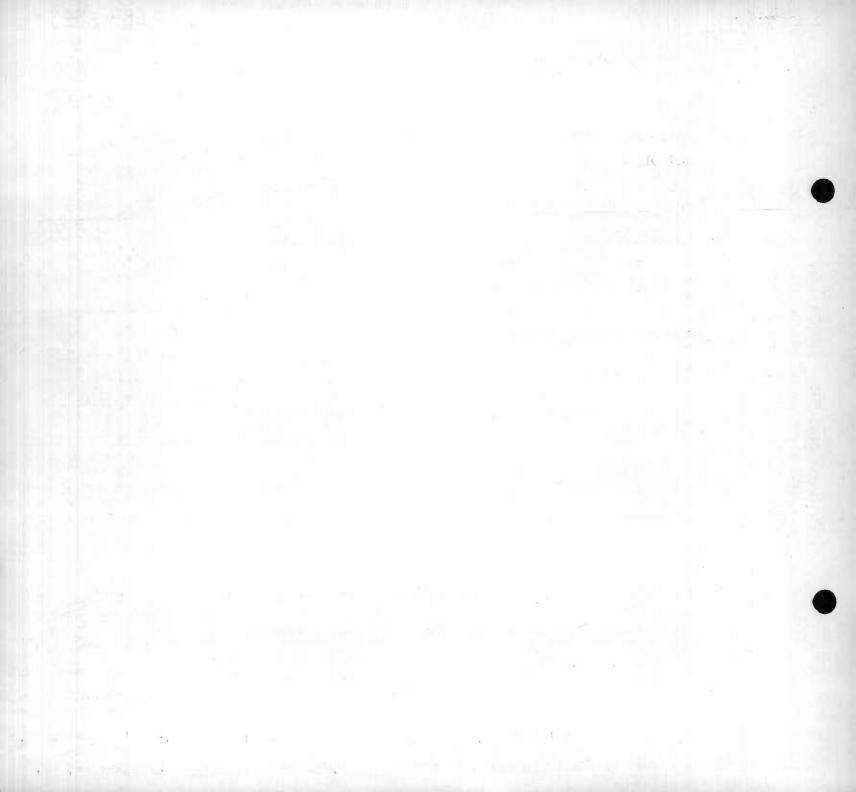
BALTIMORE CITY HEALTH DEPARTMENT

NO

Hours

If Under 24 Hrs.





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M. CHUCKSIAM MARRIED

Fu. morning Robert Massires

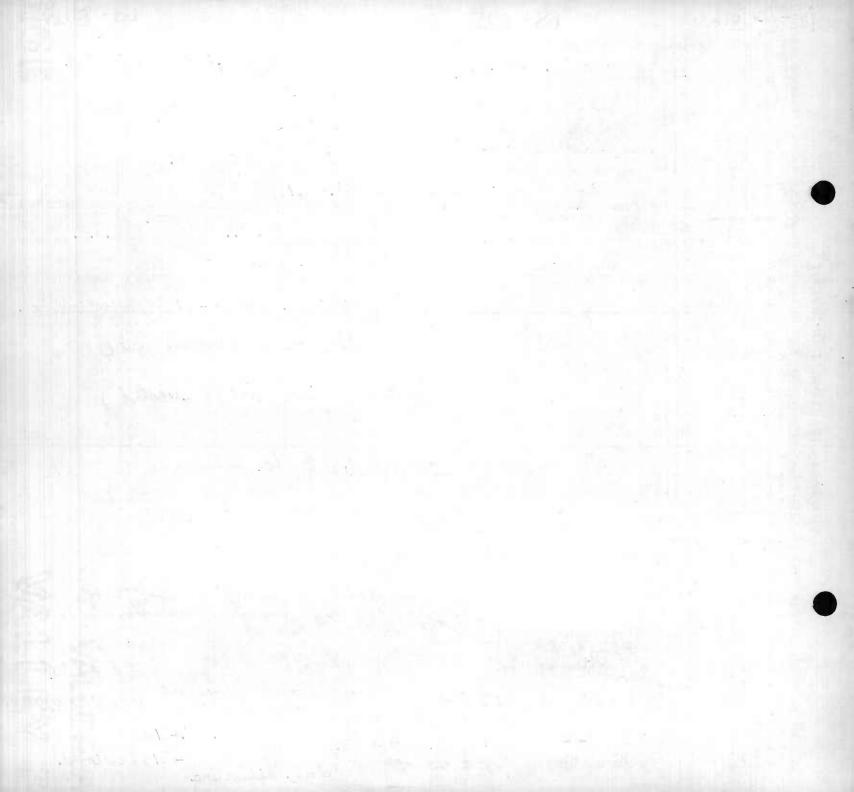
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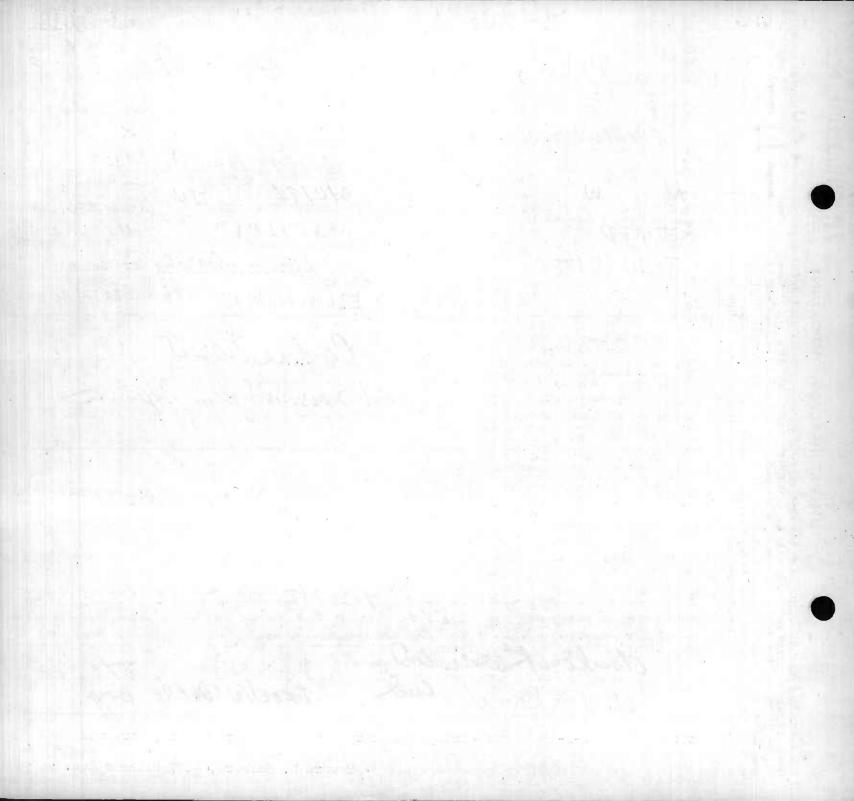
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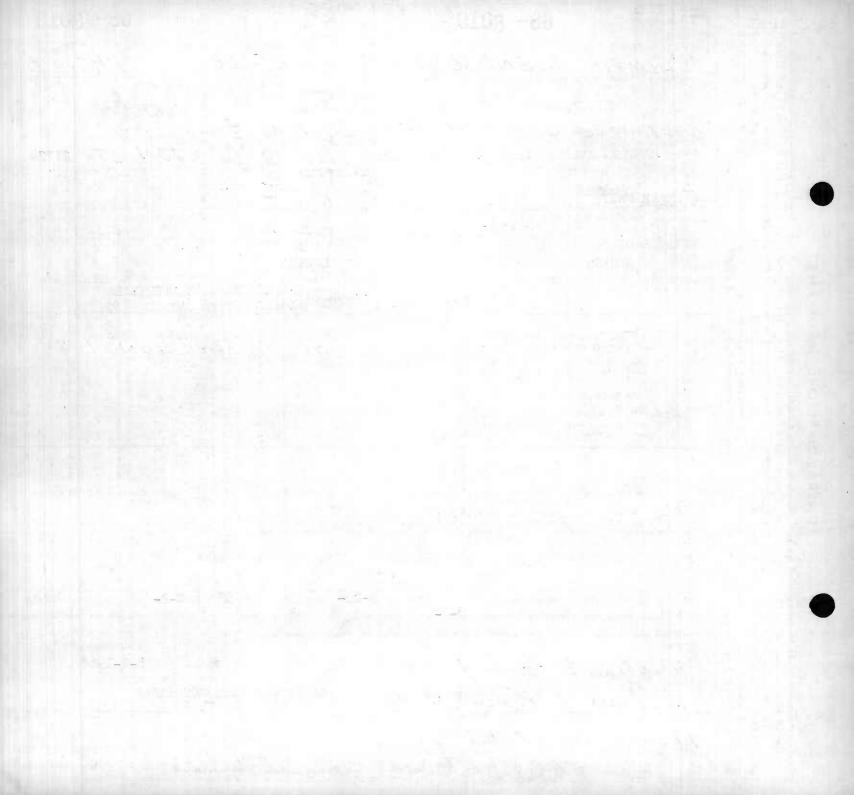
Alemii Nio	CERTIFICA	ALE OF DEATH	0. 00 0017
NAME OF DECEASED		2. DATE AND HOUR OF D	44
Pargaret 1. Novo	A DATE AND HOUR OF BATH  AND MACRACET I. NOVICEN  CE IN SALTIMORE, MARTLAND, WHERE PRONOUNCED DEAD  NAME OF PLANT IN HOSPITAL OR INSTITUTION, GIVE STREET  ALORS  ADDRESS OR LOCATION  NAME OF PLANT IN HOSPITAL OR INSTITUTION, GIVE STREET  ALORS  ADDRESS OR LOCATION  NEVER MARRIED  NEVER MARR		
HNO.  AME OF DECEASED or Print!  LACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  L. NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)  BYTAL OR ADDRESS OR LOCATION, GIVE STREET  EX (6. RACE White WIDOWED DIVORCED BOUNDED DIVORCED BOUNDED B	A, STATE B. COUNTY	d. If institution: residence before admissio	
FULL NAME OF (IF NOT IN HOSPITAL OR IN	ISTITUTION, GIVE STREET	Mryland	-16-03
HOSPITAL OR ADDRESS OR LOCATION) NSTITUTION		0 1	
			YES NO .
00 3106 Chesterfield AV	enue		10
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to ame / a   (//h i d a	= =	Feb. 24. 1898 lost birthdoy)	Months Days Haurs Min.
	D OF BUSINESS OR INDUSTR		12. CITIZEN OF WHAT COUNT
11 . 0		Barles Mil	11 5 1
3. FATHER'S NAME			U.J.A.
	11.6 500141	9	ADDRESS
es, no or unknown) (If yes, give war or dotes af serv	SECURITY NO.	17. INFORMANT	ADDRESS
No		William H. Novotnu - :	8106 Chesterlield Ace
	(B) Fillin	many luterautohis (a	(nested)
DISEASES OR CONDITIONS, if any, girise to the above cause (A) stating UNDERLYING CONDITION last.	ihe (c)		ase
DISEASES OR CONDITIONS, if any, gi rise to the above cause (A) stating UNDERLYING CONDITION last.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMINAL TO THE TERMINAL TO THE DEATH BUT NOT RELATED TO THE TERMINAL TO THE DEATH BUT NOT RELATED TO THE TERMINAL TO THE DEATH BUT NOT RELATED TO THE TERMINAL TO THE DEATH BUT NOT RELATED TO THE TERMINAL TO THE DEATH BUT NOT RELATED TO THE TERMINAL TO THE DEATH BUT NOT RELATED TO THE TERMINAL TO THE TERMINAL THE	NG Carterio	sleutie heard dise	WERE FINDINGS CONSIDERED
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		00	004	BALTIMORE CITY	HEALTH DEPARTM	ENT		00	-010	
		99-	801	CERTIFICA	TE OF DEA	TH RE	G. NO	68-	8018	
	TH NO.			- AGENTINIO		ATE AND HOUR	OF DEATH			
	pe or Print)	11. h60	To	HN FOWAK		to By	1/2	, P	1 20 P	
3, 1	PLACE IN BALTIMORE	MARYLAND, WHE	PE PRONO			Where deceoses	d lived, If inst	itution: residenc	e before admission	
		······································	ar . Kono	OHOLD DEAD	A. STATE 8	. COUNTY			A THE	
FU	LL NAME OF (IF N	NOT IN HOSPITAL	OR INSTIT	UTION, GIVE STREET	MAKYLH	ND.		Carlo Carlo	(1)	
INS	TITUTION			11- 0	C. CITY OR TOWN	lah-		E CITY LIMITS?		
1	-+ KANK	IN SQUI	5KG	1028b.	E. STREET AND NU	MBFR		YES 🔀	ио 🗌	
	5	4		0	4805.5	BENTALON	5+.	2/223	3.	
5. S	EX 6. RACE	7.	MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In	yeors	If Under 1 Yr. Months Doys	If Under 24 Hrs.	
	M		VIDOWED		3/4/94	4	74			
	. USUAL OCCUPATION of during life		B, KIND O	F 8USINESS OR INDUSTRY	11. 8IRTHPLACE (State	e or foreign country		12. CITIZEN OF	WHAT COUNTRY	
	KETIRED		,		MARY	LAND.		u.	5. A.	
13.	FATHER'S NAME				14. MOTHER'S MAID	DEN NAME				
	TOHN	HUBGR	٠.		XXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXX	Mary Sc	hmidt	
15.	Wor Deceased Ever in L	J. S. Armed Forces	?	16. SOCIAL	17. INFORMANT					
-	No or unknown) (11 yes,	give war or dotes a	t service)	SECURITY NO.	ELLA, 1/2	HUDE-P	480	S. BENT	Alon St.	
				CAUSE OF DEAT					OXIMATE INTERVAL	
	18.3 47.9		=1.14	CAUSE OF DEAT			-4		N ONSET AND DEATH	
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH									
	(This daes nat mean				A CONSEQUENCE OF		DE CS			
	heart failure, asthenia, injury or camplication						0			
		DENT CAUSES		Part	V Zeelm	ns Eyste	- No	Pencisto		
	DISEASES OR CON		giving	(B) DUE TO, OR AS	A CONSEQUENCE OF	705	7			
	rise Ia The abave	cause (A) sta				U	0			
	UNDERLYING COND	ITION last.		(c)						
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TION	TO THE DEATH BUT NO									
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TIFIC		WAS PERFOR					IFYING CAU	SES OF DEATH	?	
CER	21 A. ACCIDENT WAS OR CONTRIBUTING	UNDERLYING	218	PLACE OF INJURY (e.g.,	n or obout 21C. WHERE	DID (I	f in Boltimore	City, give exact	location)	
AL	OR CONTRIBUTING DEATH (notify medical	CAUSE OF exominer	hon	ne, lorm, foctory, street, o	ffice bldg., INJURY OC	CU R?				
O				. INJURY OCCURRED	21F HOW	DID INJURY OCC	1107			
MEI	OF INJURY	(Doy) (Teol) (I		ile AI Not Whi		DID INJURI OCC	UK:			
	(APPROX.)		Wo	ork L At Work	1/2				-	
	22. i certify that (I)	(this hospital) a	ttended t	he deceased fram	7/22/160	. 19	taO		19 6 8	
	that (I) (we) last say	w the deceased o	live an		19 6 8	and that in(my)	(our) apin	ian death acc	urred on the da	
	and haur and fram th	ne causes stated	abave. (	I) (We) (did) (dld nat)						
	23A. SIGNATURE	00 1	2	1. 1.0				23 B. DATE SIGN	1ED	
	Clie	cont	les	DL.	ending Med.	r Staff Phys.		7/1	1/0.	
	23C. PHYSICIAN'S	,		GEGREE PH)	23D. ADDRESS	(1)	20 40-	- 6/1	100	
	NAME (Type) HE	111 M. K.	CON	. cui	IK.	NK/N SU	WOKE	Jest .		
244	BURIAL CREMATION,	248. DATE	24C N	GEGREE AME OF CEMETERY OF CR	FMATORY	24D. LOCATION	1City	, town, or coun	ty) (Stote)	
	REMOVAL (Specify)					14.				
	ırial	8-5-1968		dowridge Cemet		Howard (	county,			
25A	A. DATE REC'D BY HEAL	IM DEPT. 251	B. NAME	OF REGISTRAR	Uctrond U	Hubbard,	/107 W		DDRESS	
					noward H;	nubbatu,	410/ M	TIVE IS Y	21229	
1/5	150-REV. 1/1/68									



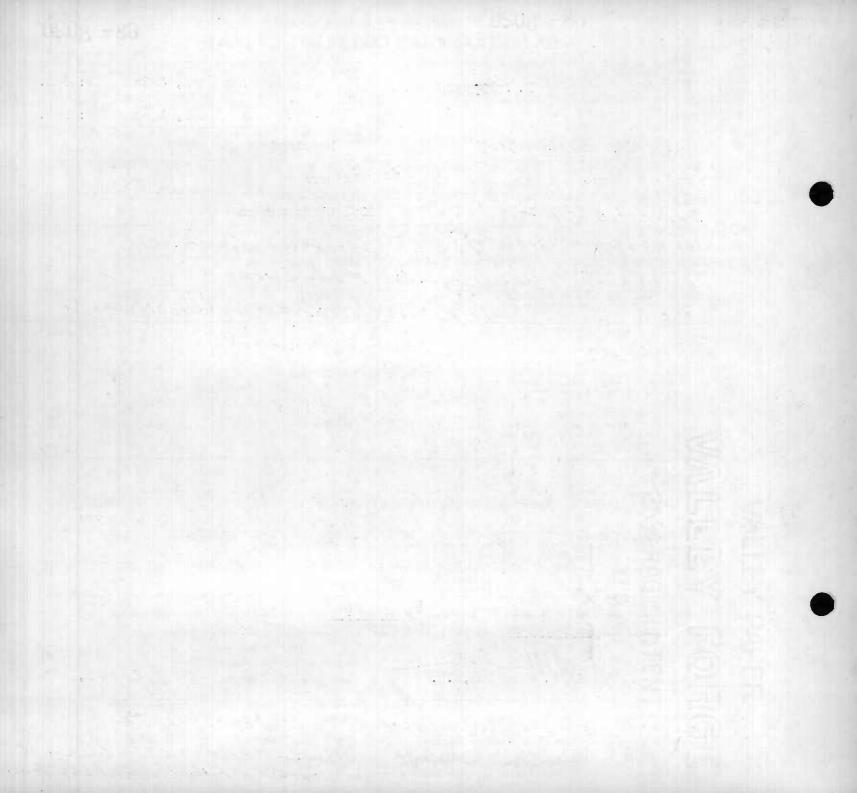
1.152	BALTIMORE CITY	HEALTH DEPARTMENT		00 -010
A-133 68-	8019 CERTIFICA	TE OF DEATH	REG. NO	68-8019
DIMITI 1101	CERTIFICA			
Type of Print)	10 = 11-101		ND HOUR OF DEATH	
OLYMPIA ABEN	ID SCHEIN	8-2		14:00 A M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PI	RONOUNCED DEAD	A. STATE B. COU	eie deceased lived. If ii NTY	nstitution: residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR I	NSTITUTION, GIVE STREET	MANDER AND		16-11
OSPITAL OR ADDRESS OR LOCATION		C. CITY OR TOWN	D. INS	OF CITY LIMITS?
BALTIMORE CITY	HOSPITALS	BALTIMOR	26	YES NO NO
		E. STREET AND NUMBER	The state of	
4940 EASTERN AVENUE BALT	TIMORE, MARYLAND	1101 5.	CHINTO	N ST 21224
SEX 6. RACE 7. MAI	RRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	It Under 1 Yr. It Under 24 Hrs. Months: Doys Hours Min.
1 1 1 1 1	OWED DIVORCED	5-18-98	lost birthdoy)	Months Doys Hours Min.
A. USUAL OCCUPATION (Give kind of work 10B. KIN		0 , 0 , 0	eign country)	12. CITIZEN OF WHAT COUNTRY
one during most of working life even if retired)	orin Cork			
	+ feal	MARYLAND		U.S.A.
FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	
GEORGE		LOUISA		
. Was Deceased Ever in U. S. Armed Forces?	16. SOCIAL	17. INFORMANT		ADDRESS
es, no or unknown) (It yes, give wor or dotes of ser	SECURITY NO.	RECORDS: BALTIM	ORE CITY HO	<b>9</b> PITALS
	3412	4940 E	ASTERN AVEN	
18. 15-3,87	CAUSE OF DEAT	Н		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY				1 10
LEADING TO DEATH	(A)IMMEDIATE CAI	ISE CARCINO	MAUFCOL	LON / YK.
(This daes not mean the made of dying,	DUE TO, OR AS	A CONSEQUENCE OF:		
heart failure, asthenia, etc. It means the dis				
ANTECEDENT CAUSES				
	(B)	A CONSEQUENCE OF:		
DISEASES OR CONDITIONS, if any, it is to the abave couse (A) stating		A CONSEQUENCE OF:		
UNDERLYING CONDITION last.	(c)			
15-3.8 11				
	TING			
TO THE DEATH BUT NOT RELATED TO THE TERM				
19A. DATE OF OPERATION 19B. CONDITION	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or N	o) 208. IF YES, WERE	FINDINGS CONSIDERED
7-1-68 WAS PERFORMED		NO	IN CERTIFYING CA	AUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING	21B. PLACE OF INJURY (e.g.,	in or about 21 C. WHERE DID	(If in Baltimo	re City, give exoct location)
OR CONTRIBUTING CAUSE OF	home, form, toctory, street, o	ffice bldg., INJURY OCCUR?	(11 11 11 11 11 11 11 11 11 11 11 11 11	
	erc./			
21 D. TIME (Month) (Doy) (Year) (Hour	21E. INJURY OCCURRED	21 F. HOW DID IN	JURY OCCUR?	
(APPROX.)	While At Not Whi			
	Work At Work	Control of the Contro	/6	
22. I certify that (I) (this haspital) atten	ded the deceased from	)-20 <b>-</b>	19 68 ta 8-2	1968
that (1) (we) last saw the deceased alive	e an 8-2-	19 68 and t	hat In (my) (aur) ap	inian death accurred an the dat
and haur and fram the causes stated abo				
23A. SIGNATURE	(i) (ii) (ala) (ala har)	The sady after death.	•	23B, DATE SIGNED
11:00:00	15 10 AH	anding Med.	Shoff F	TAN THE TOTAL
William Z. Powe	DEGREE Phy	rs. Li Director Li	Staff Phys.	8-2-1968
23C. PHYSICIAN'S NAME (Type)	/.	23D. ADDRESS	OTMIT WOODE	AAT C
HILLIADAN IT PAIN	UPPES TO MD	BALTIMORE	CITY HOSPIT	At a constant and a c
4A. BURIAL CREMATION, 24B. DATE	DEGREE	4940 EAST		#21224 City, town, or county) (State)
REMOVAL (Specify)	A CONTRACTOR OF CR	240.	2	And C
Burial 815148	Mt Council	- 18	talto.	THER.
SA. DATE REC'D BY HEALTH DEPT. 258. N.	AME OF REGISTRAR	25C. FUNERAL DIRECTO	Rol al	3218 Hudson St
AUG 6 1968 07.0.	A. P. For anna	Tholmail	Holfman	3218 Hudson St
The second of th	W	7 /00 /00 /		
'S 1S0-REV. 1/1/6B				



68- 8020 BALTIMORE CITY HEALTH DEPARTMENT
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

OD ODE	68-	- 8	02	0
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BIF	RTH NO.		MILDI	CAL	LAAMIIALKO		CAILOI	DEATH	REG.	NO		
١.	NAME OF DEC	EASED				2. DATE	Known 🗌	Month	Doy		or Hour	
(Туі	pe or Print) MAR	RY		F. JE	FFEREON	OF DEATH	Estimoted	August	5,	1968	9:4	5 A.
4.					NOUNCED DEAD	3. DATE		Month	Doy	Y	eor Hour	741.
FUI	LL NAME OF SPITAL INSTITUTION	(IF NO		OR INSTIT	UTION, GIVE STREET		JNCED DEAD	August				5 A. M.
0	7.	Clifton	n Ave <b>n</b> u	e (DO	A)		laryland		COUN		ence berore o	amission)
	sex Female	7. RACE Negro	2	MARRIE	D NEVER MARRIED X	c. city or Baltin		D	). INSI	E SITY LIM	1062	
9. 1	S-//-	1910	10. AGE (In )	/eors I	f Under 1 Yr. If Under 24 Hrs. Aonths   Doys   Hours   Min.		and Number Slifton Av	enue	-		140	
	BIRTHPLACE (S		. 1 07 11	1.0	2. CITIZEN OF WHAT COUNTRY?	13. FATHER	SNAME	Sopre	1200	011		
	Susual OCCU	orking life, ev	en ifretired)		AMARYLAND	15. MOTHE	ey Sim	ME MS				
16. (Ye	WAS DECEASI	ED EVER IN	U.S. ARMED I	FORCES?	17. SOCIAL SECURITY NO.	18. UNFOR	NOTE OF	son w	Jan	ADDRES NIS B	vr6 t	° A .
	19.	9 0	1		CAUSE OF DEA						APPROXIMA	TE INTERVAL
	DISEASI	F OR COND	ITION DIRECT	rıv	Chroni	c Lung	Disease					oci Airo ocain
		LEADING TO			(A)IMMEDIATE C							
	heort foilure,	, osthenio, etc.	mode of dyin It meons the c th coused deot	liseose,		AS A CONSEG	UENCE OF:					### #### #### #######################
	A.D.	NTECEDENT	CALISES		400							
	DISEASES C	OR CONDITIO	ONS, IF ANY,	GIVING	DUE TO, OR	AS A CONSE	QUENCE OF:			***************************************		
		ABOVE CAN	ON LAST.	NG THE	(0)							
0	600				(C)							
CERTIFICATION	TO THE DEA	ATH BUT NOT	II IDITIONS CO RELATED TO T	HE TERMIN								
ZT.			GIVEN IN PAR		OR WHICH OPERATION WA	AS PERFORM	\FD			21. A	UTOPSY? (	Yes or No)
S	1				ok miner of Ekrimen in	I ERI ORII					yes	
AL	22A. EXTER	NAL CAUSE	WAS	123	28. PLACE OF INJURY (e.g.,	in or obout 2	2C. WHERE DID	(If in Boltimore	City, giv	e exoct locot		
<b>FDICA</b>	UNDERLYING UTING CA	OR CON	TRIB- .TH.	h	ome, form, factory, street, offic	e bldg., etc.) I	NJURY OCCUR?					
Σ	OF INJURY (APPROX.)	(Month) (D	oy) (Yeor)			WHILE	22F. HOW DID IN	JURY OCCUR	?			
	23.					53						
			eld on In			topsy X	ond that on the				on	
	result	ted from: N	atural caus	es X	Accident U Suicio			Undetermine	_	ner 💹 ·		
	ACTUAL		. 171	1/	18		CHIEF MEDICAL E		=1		DATE	SIGNED
	SIGNATU	URE V	MI	Che	M.D		STANT MEDICAL E		7	A 1101	ist 5,1	1968
	EXAMINI NAME (T		ard N.	Kornb	lum, M.D.	ASSC	CIATE MEDICAL E	XAMINER L		Augu	151 291	1900
	A. BURIAL CREA	MATION, 2	48. DATE		24C. NAME of CEMETERY	or CREMATO	ORY 24D.	LOCATION	(City,	town, or co	ounty)	(Stote)
9	MONAL (Specif		5/6/6	8	dincorn		1	ovon	OOK	FA	•	
25	A. DATE REC'D	JG 6	1968 (I	25B. NA	ME OF REGISTRAR	- 25C	FUNERAL DIRECTO	DR Hay	m c	ADDRES	BULA	s pa
VS	151-REV 1/1/68	1			- 1)	7000	16FT W12	NFH	-	Inna	1564	6 10



	AME OF DEC	dmund M. S	chiemer				st 3, 1968	1 // 2
3. P		IMORE MARYLAND, W		DEAD		IDENCE (When	e deceased lived. If	institution: residence before
FU I	L NAME OF SPITAL OR TITUTION	(IF NOT IN HOSPITADDRESS OR LOCA	AL OR INSTITUTION,	GIVE STREET	Maryla C. CITY OR TO	nd	Baltimore	e Co 33
4	4				Hebbvil	D NUMBER		YES NO
_		MEMORIAL			+		lebbville, N	
5. S	tale	White	7. MARRIED NEV	DIVORCED	8-18-18		9. AGE (In years lost birthdoy) 75 yrs.	If Under 1 Yt. If Un Months Doys Hours
10A.	USUAL OCCU	JPATION (Give kind of work working life, even if retired)	108, KIND OF BUSIN	ESS OR INDUSTRY	11. BIRTHPLAC	E (State or farei	gn country)	12. CITIZEN OF WHAT
	Salesma				Detroit			USA
13.1	ATHER'S NAM	AE			14. MOTHER'S	MAIDEN NAM	AE	
		chiemer				known	SHA	
Yes	vos Deceased ,no or unknown)	Ever in U. S. Armed For (If yes, give wor or dote		CIAL CURITY NO.	17. INFORMAN	T		ADDRESS
]	NO		127-	10-0685	Owen D.	Schiem	er-3309 C	Collier Rd. Ad
	DISEASES O	asihenia, elc. It means plication which caused ANTECEDENT CAUSES OR CONDITIONS, if a abave cause (A) G CONDITION lost.	death.) any, giving slating the	(B)	A CONSEQUENC	V		
ATION	DISEASES Orise to the UNDERLYING OTHER SIGNIF TO THE DEAT	asthenia, etc. It means plication which caused ANTECEDENT CAUSES OR CONDITIONS, if a abave cause (A) CONDITION lost.	the disease, death.)  any, giving stating the  NTRIBUTING HE TERMINAL	(B)DUE TO, OR AS		V		
U	DISEASES Orise to the UNDERLYING OTHER SIGNIF TO THE DEAT	asthenia, etc. It means plication which caused ANTECEDENT CAUSES OR CONDITIONS, if a abave cause (A) is CONDITION lost.  II ICANT CONDITIONS CONDITIONS CONDITION TO THE LATED TO	the disease, death.)  any, giving slating the  NTRIBUTING HE TERMINAL TO ALL TO	(B)	A CONSEQUEN	CE OF:	208. IF YES, WER IN CERTIFYING C	RE FINDINGS CONSIDERED CAUSES OF DEATH?
CAL CERTIFIC	DISEASES OF THE BEAT DISEASE OF CONTRIBU	asihenia, etc. It means plication which caused ANTECEDENT CAUSES OR CONDITIONS, if a bave cause (A) to CONDITION lost.  II ICANT CONDITIONS COMBINED TO TO THE LATED TO TO TO NOTITION PAR OPERATION 198 CON	the disease, death.)  any, giving slating the  NTRIBUTING HE TERMINAL T 1 (A).  DITION FOR WHICH FORMED	(B)	20A. AUTOR	CE OF:		RE FINDINGS CONSIDERED CAUSES OF DEATH?
DICAL CERTIFIC	DISEASES OF THE BEAT DISEASE OF CONTRIBU	asihenia, etc. It means plication which caused ANTECEDENT CAUSES OR CONDITIONS, if abave cause (A) CONDITION lost.  II  ICANT CONDITIONS COH BUT NOT RELATED TO TO NOTITION GIVEN IN PACON WAS PERION 19 B. CON WAS PERION CONDITION COURSELYING CAUSE OF	the disease, death.)  any, giving slating the  NIRIBUTING HE TERMINAL TO A LONG TO A L	(B)	20A. AUTOP	CE OF:	(If in Boltim	
MEDICAL CERTIFIC	DISEASES OF THE DEAT OF THE DEAT OF CONTRIBUTE OF INJURY (APPROX.)  DISEASE OR C. 19.A. ACCIDEN OR CONTRIBUTE OF INJURY (APPROX.)  22. I certify that (I) (we)	ashenia, etc. It means plication which caused ANTECEDENT CAUSES OR CONDITIONS, if a bave cause (A) is CONDITION lost.  ILICANT CONDITIONS COME BUT NOT RELATED TO 11 ONDITION GIVEN IN PAR OPERATION 19 B. CON WAS PERION 19 CAUSE OF medicol exominer)  That WAS UNDERLYING TING CAUSE OF medicol exominer)  (Month) (Doy) (Yeor)	The disease, death.)  any, giving slating the  NTRIBUTING HE TERMINAL TO A LANGE TO A LA	(B) DUE TO, OR AS (C) OPERATION OF INJURY (e.g., i foctory, sheet, o	20A. AUTOR in or about 21C. v ffice bldg., INJUR 21F. H	SY? (Yes or No WHERE DID IY OCCUR?	(If in Boltim	
MEDICAL CERTIFIC	DISEASES OF THE UNDERLYING  OTHER SIGNIFTO THE DEAT DISEASE OR CO.  19A. DATE OF CONTRIBUTED THE OF INJURY (APPROX.)  21 Certify that (I) (we) ond hour and control of the	ashenia, etc. It means plication which caused ANTECEDENT CAUSES OF CONDITIONS, if a bave cause (A) is CONDITION lost.  II CANT CONDITION S CO H BUT NOT RELATED TO TO NODITION GIVEN IN PAR OPERATION 19 B. CON WAS PERI (TING CAUSE OF medicol exominer)  (Month) (Doy) (Yeor)  that (I) (this hospital lost sow the decease of from the causes state of the cause	The disease, death.)  any, giving slating the  NTRIBUTING HE TERMINAL TO A LANGE TO A LA	(B) DUE TO, OR AS  (C) OPERATION  OF INJURY (e.g., foctory, sheet, or the control of the control	20A. AUTOR in or obout 21C. v ffice bldg, INJUR 21F. H	SY? (Yes or No WHERE DID IY OCCUR?	(If in Boltim	nore City, give exoct location
MEDICAL CERTIFIC	DISEASES OF THE UNDERLYING  OTHER SIGNIF TO THE DEAT DISEASE OR CO.  19A. DATE OF OR CONTRIBUDEATH (notify)  21D. TIME OF INJURY (APPROX.)  22. I certify that (I) (we) ond hour and condition of the condition of	ashenia, etc. It means plication which caused ANTECEDENT CAUSES OR CONDITIONS, if a bave cause (A) is CONDITION lost.  ILICANT CONDITIONS COON HOUSE OF THE CONDITION OF THE CON	The disease, death.)  any, giving slating the  NTRIBUTING HE TERMINAL 1 1 (A).  DITION FOR WHICH FORMED  218. PLACE home, form, etc.)  (Hour) 21E. INJUR While At Work  ) ottended the decided olive on according to the control of the	(B) DUE TO, OR AS  (C) OPERATION  OF INJURY (e.g., foctory, sheet, or the control of the control	20A. AUTOR in or obout 21C. v ffice bldg., iNJUR 21F. H le	SY? (Yes or No WHERE DID YY OCCUR?  IOW DID INJ  ond the ofter deoth.	(If in Boltim URY OCCUR?  9 43 to of in(my) (our) of Staff Phys.   Description	S 3
MEDICAL CERTIFIC	DISEASES OF THE UNDERLYING  OTHER SIGNIF TO THE DEAT DISEASE OR CONTRIBUTION OF CONTRIBUTION OF THE DEAT OF CONTRIBUTION OF THE DEAT (APPROX.)  21 Certify that (I) (we) and hour and contribution of the cont	ashenia, etc. It means plication which caused ANTECEDENT CAUSES OR CONDITIONS, if a bave cause (A) is CONDITION lost.  ILICANT CONDITIONS COON HOUSE OF THE CONDITION OF THE CON	Ihe disease, death.)  any, giving slating the  NTRIBUTING HE TERMINAL TO ALL TO	(B) DUE TO, OR AS  (C) OPERATION  OF INJURY (e.g., foctory, sheet, or the sheet of	20A. AUTOR  20A. AUTOR  21F. H  21F. H  21F. H  21F. H  21F. H  21F. H  22F. H  23D. ADDRESS  EMATORY	SY? (Yes or No  WHERE DID  YOCCUR?  IOW DID INJ  ond the ofter deoth.	(If in Boltim URY OCCUR?  9 43 to of in(my) (our) of Staff Phys.   Description	pinion deoth occurred of Bayture  [City, town, or county]

IV ....

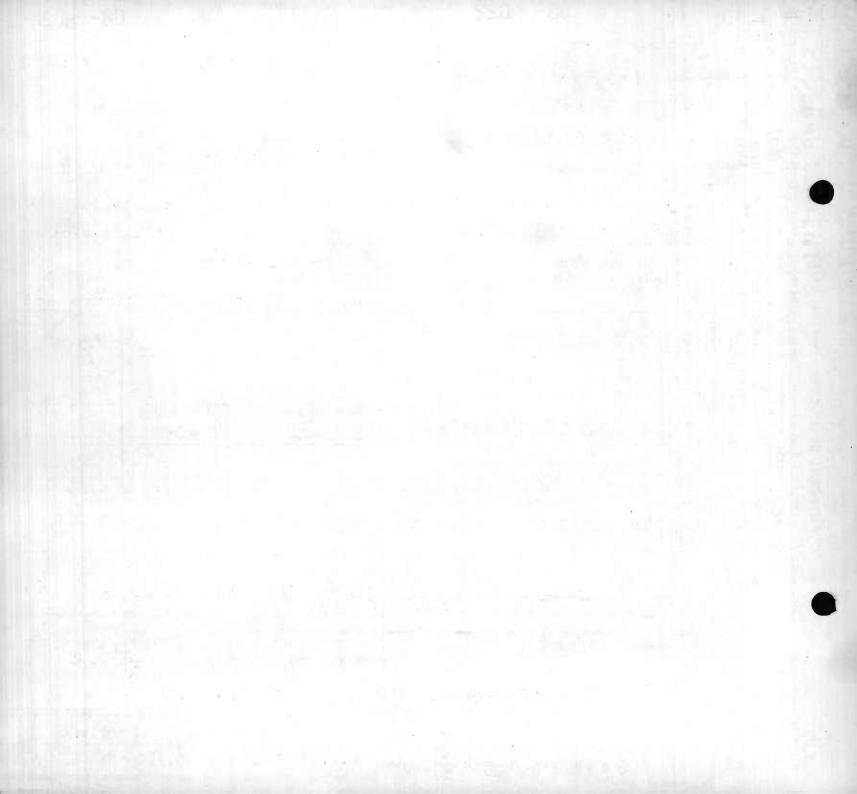
ν-/--

N:. 11 7.2 i. C - COL I - 1.1

NO If Under 1 Yr. Months: Doys If Under 24 Hrs. Hours 12. CITIZEN OF WHAT COUNTRY? U.S.A. ADDRESS Mr. Frank T. Hopper, 1830 Dunmere Road APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Baltimore City, give exact location) and that in (my) (aur) apinlar death accurred an the date (City - seve And county) Maryland & SONS, 1808 EASTERN 1968 VS 150-REV. 1/1/68

68 - 2022

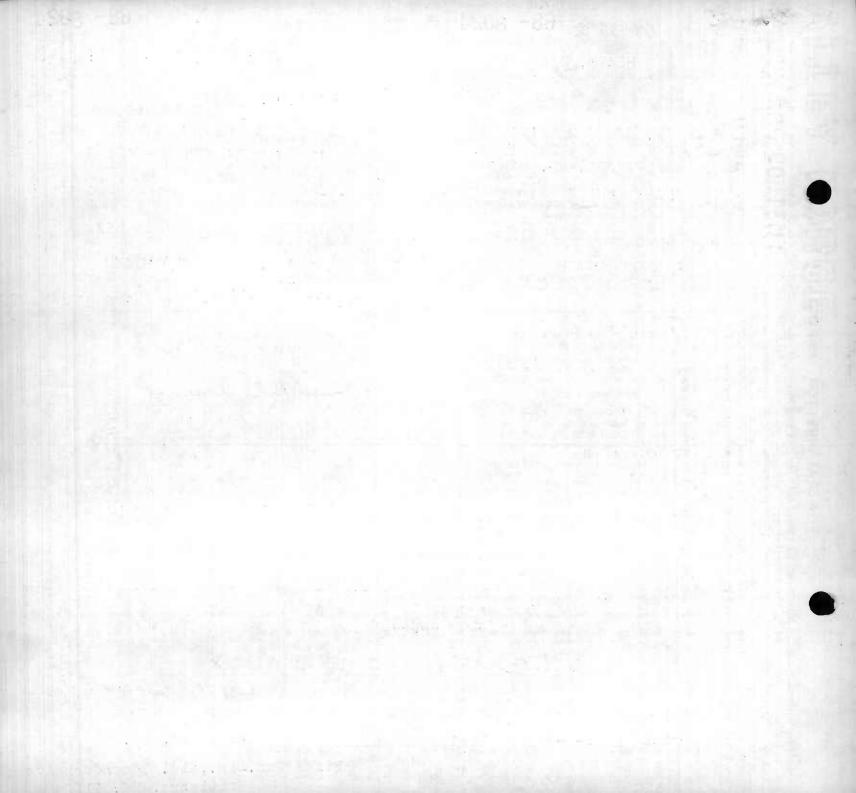
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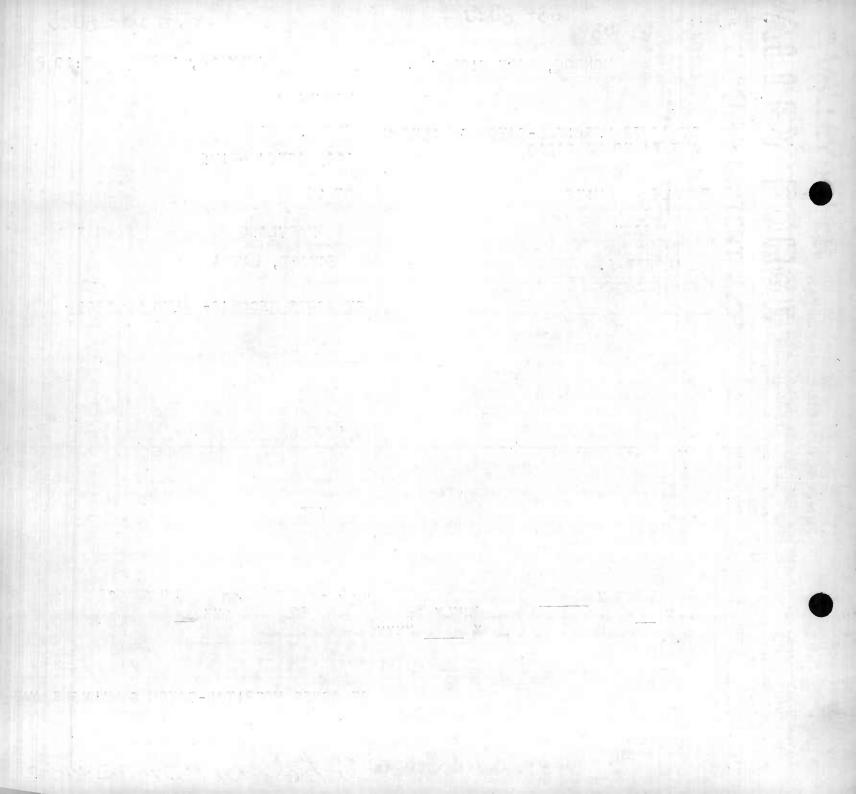


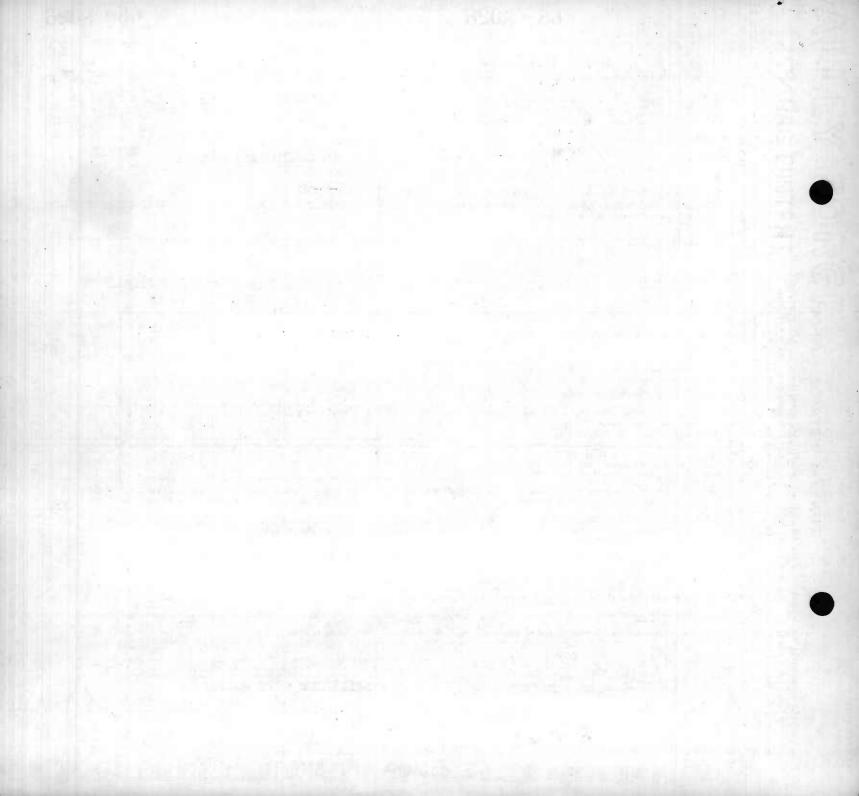
Hemanica Thomas Adams Ad

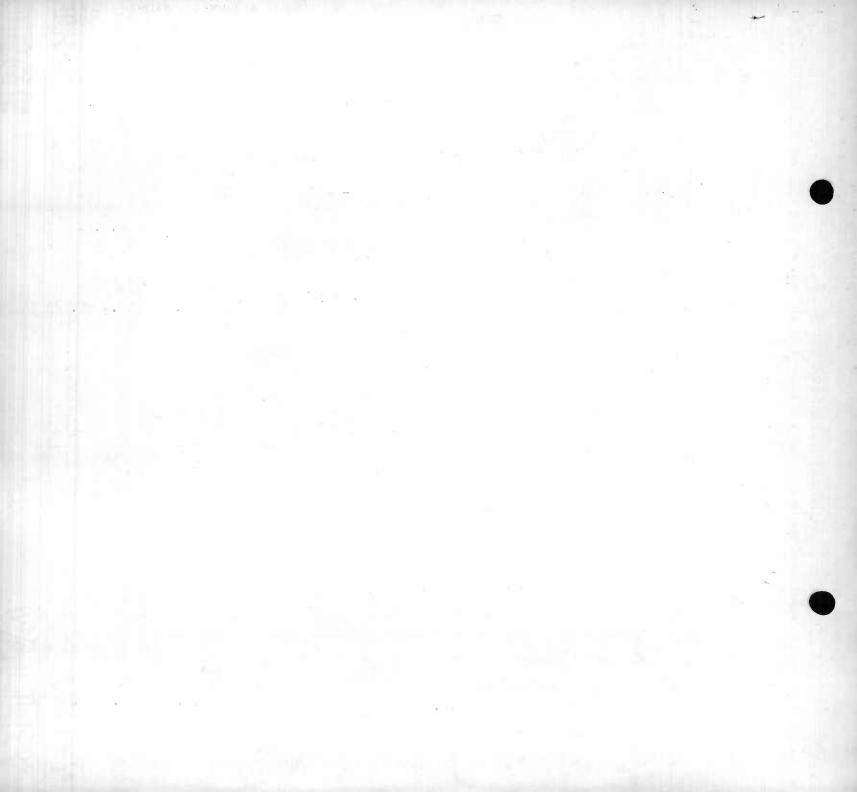
SASSA NEW WAR THE ST

300	WIENDA 68-		ICATE OF DEATH	REG. NO	68- 8024
BIRTH NO.  1. NAME OF (Type or Print)	DECEASED		2. DATE	AND HOUR OF DEATH	0 1, 25 0
•	HEATH, BABY			GUST 4, 196	18 4:25 P. M. estitution: residence before admission
FULL NAME HOSPITAL OF		OR INSTITUTION, GIVE STRE	A. STATE B. COL	21229	33204
INSTITUTION		ON)	C. CITY OR TOWN BALT I MOF		IDE CITY LIMITS?
	. AGNES HOSPIT		E. STREET AND NUMBER		YES NO NO
TO CA	TON & WILKENS	AVES.	1205 MAF	RTIN COURT	- APT G
5. SEX	S. RACE , 7.	MARRIED NEVER MARRI	B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
FAMA	then from 1 T T T T T T T T T T T T T T T T T T	WIDOWED DIVORC			14 41
	st of working life, even if retired)	B, KIND OF BUSINESS OR IN	DUSTRY 11. BIRTHPLACE (Stote or fo	reign country)	12. CITIZEN OF WHAT COUNTRY?
12 FARILPRIC	NAME		BALTIMORE		USA
13. FATHER'S			14. MOTHER'S MAIDEN N		IIF ATII
	WOOD HEATH	s? 16. SOCIAL	JULIANA T.		
(Yes, no or unkn	own) (If yes, give wor or dotes	of service) SECURITY NO	. DALI	O., MD. 212	229
18.		CAUSE OF	ST. AGNES RE	CORDS - WILL	APPROXIMATE INTERVAL
rise to UNDERL	INFICANT CONDITIONS CONT	toling the (C)	OR AS A CONSEQUENCE OF:		
▼ DISEASE O	PEATH BUT NOT RELATED TO THE DR CONDITION GIVEN IN PART 1 FOR OPERATION [198, CONDI	1 (A).	N 20A. AUTOPSY? (Yes or	No) 208, IF YES, WERE	FINDINGS CONSIDERED
19A.DATE	WAS PERFO	RMED	YES	IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
OR CONT	IDENT WAS UNDERLYING   RIBUTING   CAUSE OF offy medical examines	21B. PLACE OF INJUI home, form, foctory, setc.)	Y (e.g., in or obout 21 C. WHERE DID treet, office bldg., INJURY OCCUR?	(If In Baltimor	re City, give exoct location)
OF INJUR				NJURY OCCUR?	
(APPROX)			ot While		
	tify that 🎉 () (this haspital)			oni Cinacoccaca Cocconoccacaca	GUST 4 1968,
	we) last saw the deceased	1			inian death accurred an the date
and haur		d bave. XIX (We) (dXdX )	(i) view the bady after death	1.	238, DATE SIGNED
250. 310N	1.1	hir > un	Attending Med. Phys. Director	Staff Phys.	Zow Date Stotle
23C. PHYS	ICIAN'S O A	DEG YAD DEG	23D. ADDRESS		Stillion - HD 21229
	J. A	Z12 M.D.	DEGREE St. agues &	too be red to	
24A. BURIAL REMOV	CREMATION, 248. DATE	24C, NAME of CEMETER		LOCATION (C	ity, town, or county) (Stote)
Buria	1 8-6-68	Garden of		Baltimore,	Md.
25A. DATE RE	C'D BY HEALTH DEPT.	SB. NAME OF REGISTRAR	25C. FUNERAL DIRECTO		Edmondson Ave
	WICER HOER ARD	A CO STATE OF THE	1120 2011		Md. 21 220

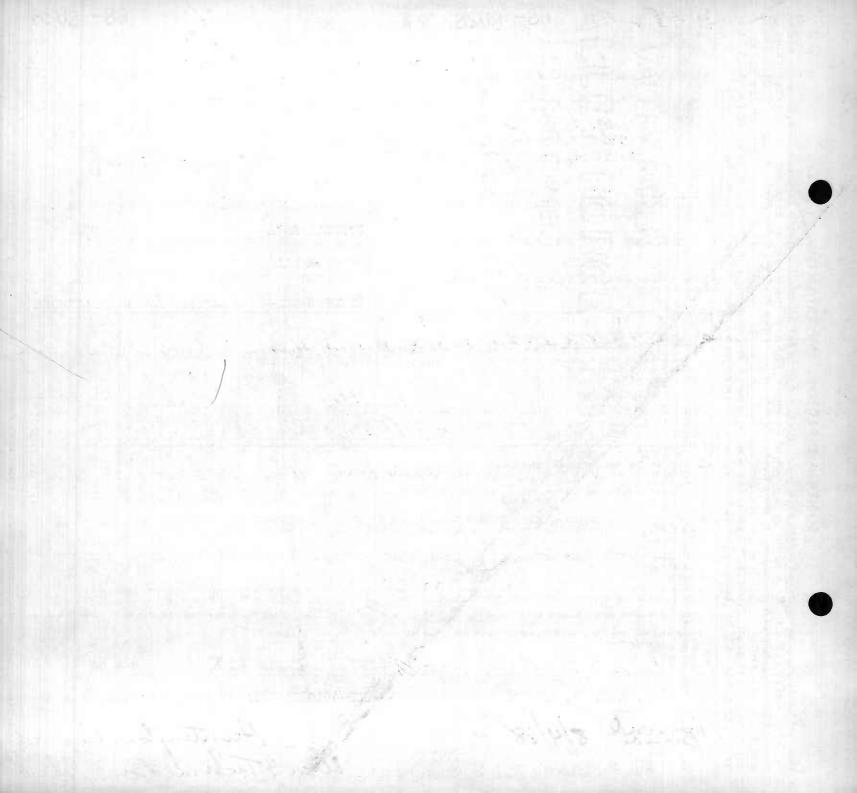




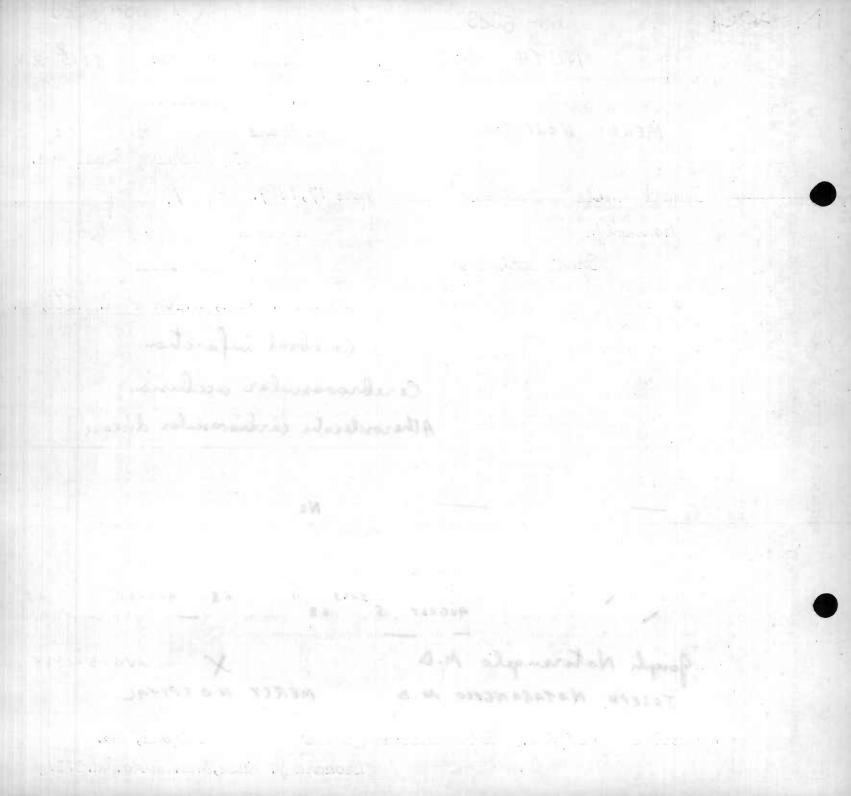




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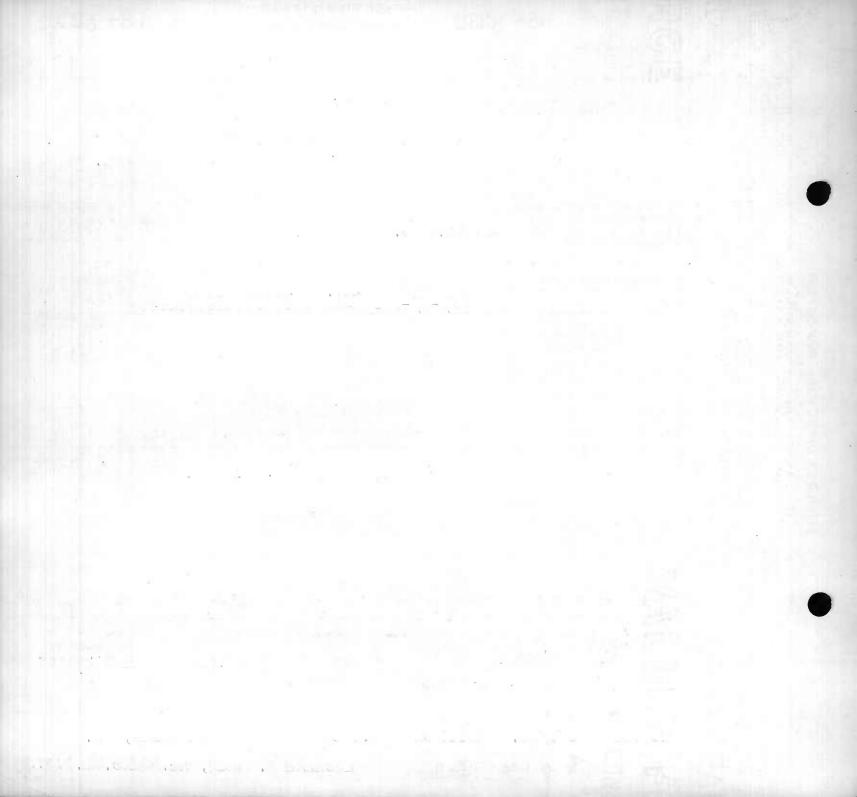
	00 01	BALTIMORE CITY	HEALTH DEPARTMENT	1/	68- 8029
	68-88	CERTIFICA	TE OF DEATH	REG NO.	
1	ATH NO.	0	2, DATE AND HO	UR OF DEATH	
	pe or Print) NUTH	ROSE C.	AUGUST	5 1968	7016
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRO	NOUNCED DEAD	A. STATE B. COUNTY		A
H	LL NAME OF (IF NOT IN HOSPITAL OR IN ADDRESS OR LOCATION)	STITUTION, GIVE STREET	Md.	Baltimor	CITY LIMITS?
IN	MERCY HOSPITA	9L	Baltimore		ES NO W
	37		E. STREET AND NUMBER	Rachawa	ny Beach Ave.
2	SEX   6. RACE   7. AAARD		ht		Under 1 Yr. If Under 24 Hrs.
3.	Female White WIDOV	IED NEVER MARRIED DIVORCED DIVORCED	June 17,1889. lost bi	E (In years inthdoy) 79	Months Doys Hours Min.
104	USUAL OCCUPATION (Give kind of work 10B, KIND during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or foreign cou	untry)	12. CITIZEN OF WHAT COUNTRY?
	Housewife		Maryland		USA
13.	FATHER'S NAME	11	14. MOTHER'S MAIDEN NAME	C .1 .	2
	Frank Schi	ndler		(atherin	
1S. (Ye	Wos Deceased Ever in U. S. Armed Forces? s,no or unknown) (If yes, give wor or dates of servi	1 6. SOCIAL SECURITY NO.	Bernard H. Nuth		ADDRESS
	No		Bernard H. Nuth	i, fr. forg	e Rd. Hall, Md.
	18.412.4 1	CAUSE OF DEAT	H	1	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		Cerebral in	Carchai	
	(This does not mean the mode of dying,		A CONSEQUENCE OF:		
	heart failure, asthenio, etc. It means the dise injury or complication which coused death.)	ase,	0	0	
	ANTECEDENT CAUSES	Cere	browscular d	acclusi	oy
	DISEASES OR CONDITIONS, if ony, gir	ving (B)	A CONSEQUENCE OF:	0	1 1
	rise to the obove couse (A) stating UNDERLYING CONDITION last.	The CAthero	sclerotic cardisi	rascular	disease
	1/22/ II	(0)			
NO	OTHER SIGNIFICANT CONDITIONS CONTRIBUTION				CONTRACTOR STATE
ATI	TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1. (A).		100 A		
RTIFIC	19A. DATE OF OPERATION 19B. CONDITION F	OR WHICH OPERATION	NO 208. AUTOPSY? (Yes or No) 208.	CERTIFYING CAUS	DINGS CONSIDERED ES OF DEATH?
CER	21A. ACCIDENT WAS UNDERLYING	218. PLACE OF INJURY (e.g., i	n or about 21 C. WHERE DID	(tf In Boltimore C	City, give exact location)
AL	OR CONTRIBUTING CAUSE OF DEATH (notify medical exominer)	home, form, foctory, street, or etc.)	fice bidg., INJURY OCCUR?		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
EDIC	21D. TIME (Month) (Doy) (Year) (Hour)	21E, INJURY OCCURRED	21F. HOW DID INJURY C	OCCUR?	
2	(APPROX.)	While At Not While Work At Work			
	22. I certify that (1) (this hospital) attend			8 to AUG	457 5 1968
	that (I) (We) lost sow the deceased alive	DUCUST E	60		an death occurred on the date
	and hour and from the couses stated abov	e. (1) <del>(We)</del> (did) ( <del>did not)</del> v	riew the body ofter death.		
	23A. SIGNATURE				38, DATE SIGNED
	Goseph Notoronge	O M. L. Atte	ending Med. Staff Staff Physics	A	AUG-5-1968
	Joseph Notorongel 230. PHYSICIAN'S NAME (Type) JOSEPH NOTARAN	(GELO M.D.	23D. ADDRESS MERCY 6	HOSPIT	AL
24		DEGREE C. NAME of CEMETERY OF CR			town, or county) (State)
	REAAOVAL (Specify)				
25	Burial 8/9/68.	ME OF REGISTRARS	2SC. FUNERAL DIRECTOR	Saccimon	ADDRESS
	A. DATE REC'A BY HEALTH DEPT 25B. NA	ME OF REGISTRAR	Cemetery L 2SC. FUNERAL DIRECTOR Leonard J. Ruci	k, Inc. Ba	lto.Md. 21214



IMPORTANT

FUNERAL

BALTIMORE CITY HEALTH DEPARTMENT



FUNERAL DIRECTOR: IMPORTANT

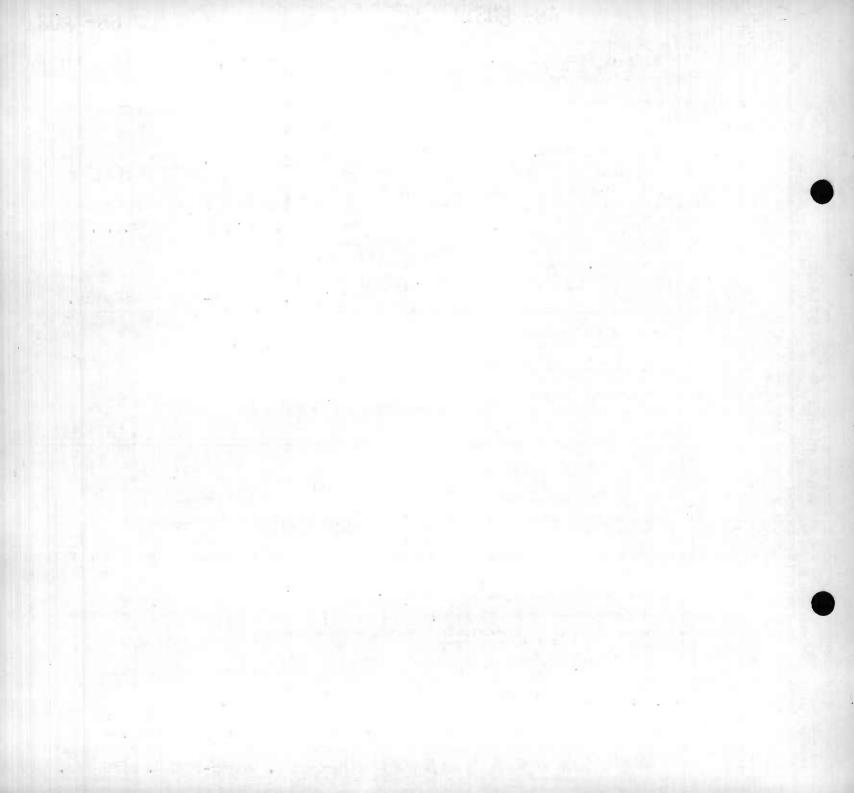
68-	8031

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH	REG. NO.	68-	803

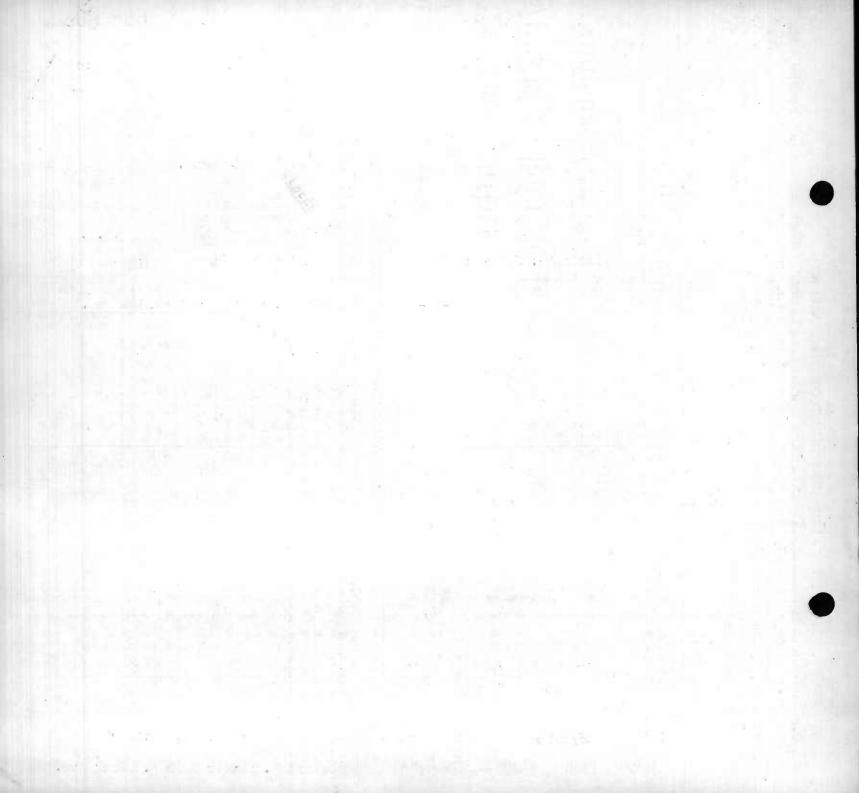
BIRTH NO.	CERTIF	ICATE OF DEA	TH NEG. 110	- 00, 800 £
Type or Print) Lottie May Lee	Downe		ugust 2,1968	> 1 > 1 A.
PLACE IN BALTIMORE MARYLAND, W		4. USUAL RESIDEN	CE (Where deceased lived.	If institution: residence before admission
			B. COUNTY	1= -6
IOSPITAL OR ADDRESS OR LOCA	AL OR INSTITUTION, GIVE STRE	Maryland c. City or town		15-09
ISTITUTION		Baltimor		YES X NO
		E. STREET AND NU		TES NO _
3919 Bateman Ave.			teman Ave.	
SEX 6. RACE	7- MARRIED NEVER MARRI		9. AGE (In years lost birthday)	Il Under 1 Yr. If Under 24 Hr Months Doys Hours Min.
Female Colored	WIDOWED DIVORC	ED ☐ July 8,18		Williams Doys Hours Williams
A. USUAL OCCUPATION (Give kind of work	108, KIND OF BUSINESS OR IN	DUSTRY 11. BIRTHPLACE (Stot	e or foreign country)	12. CITIZEN OF WHAT COUNT
Governess	Pvt. Family	Baltimore	Maryland	U.S.A.
FATHER'S NAME	4	14. MOTHER'S MAI	<u> </u>	0000110
George Buchanan		Nellie	Downs	
. Was Deceased Ever in U. S. Armed For	ces? 16. SOCIAL	17. INFORMANT	Downs	ADDRESS
es, no or unknown) (If yes, give wor or dote	s of service) SECURITY NO	),	Ruchanan 2016	
			Buchanan-3919	
18. / 74 X 1	CAUSE OF	DEATH		APPROXIMATE INTERVA
UNDERLYING CONDITION Iosi.  / 7	HE TERMINAL IT I (A). DITION FOR WHICH OPERATIO		es or Noi) 20B, IF YES, W	ERE FINDINGS CONSIDERED CAUSES OF DEATH?
19A. DATE OF OPERATION 19B. CON WAS PERI	FORMED		IN CERTIFYING	CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF CEATH (notify medical examiner)		ty (e.g., in or obout 21C. WHER interest, office bldg., INJURY OC	E DID (If in Bolt CUR?	timore City, give exoct lacation)
21D. TIME (Month) (Doy) (Year)	(Hour) 21E. INJURY OCCUR	RED 21F. HOW	DID INJURY OCCUR?	
OF INJURY (APPROX.)		lot While		
22. I certify that (I) (this haspital		10// 4000	25 10 1- 1	4Ua. 1. 10 68
that (I) (we) last saw the decease	34.1.	1. 1 668	m. d. ab. as. 1. ( \) ( \)	
		7		apinian death accurred an the d
and have and from the causes state	red abave. (I) (We) (did) (did	I nat) view the bady after	death.	23B, DATE SIGNED
25%. 310142 014	11:	Attending Med.	Staff	8-5-1968
parana	OEG!	REE Phys. Directo	Phys.	0.0-1408
23C. PHYSICIAN'S NAME (Type)		23 D. ADDRESS		
Dr. I. Bradshaw Hi		DEGREE 2243 Madi	son Ave.	
A. BURIAL CREMATION, 24B. DATE REMOVAL (Specily)	24C. NAME OF CEMETER	OF CREMATORY	24D. LOCATION	(City, town, or county) (State)
Burial 8/6/68	Arbutus Mem	orial Park	Baltimore, Co	nuntur Mamuel and
	ALDUCUS MEIN	OT TOT LOTIV	-0202002090	builty marytand
AUG 6 1968	25B, NAME OF REGISTRAR	25C. FUNERAL P	IRECTOR	Address  W. North Ave.

VS 150-REV. 1/1/6B



IMPORTANT

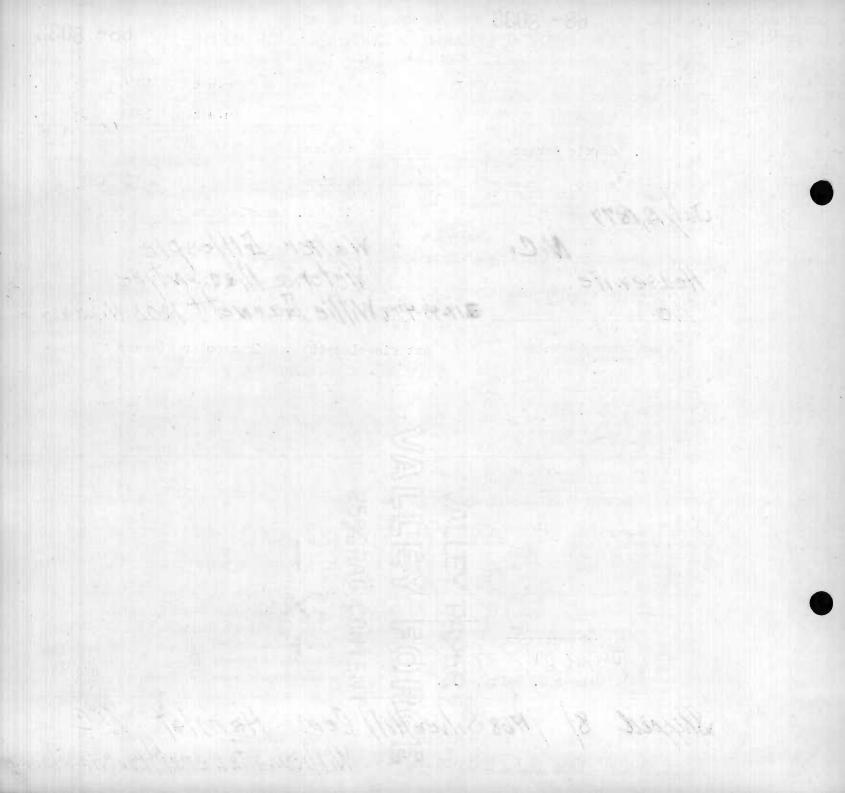
FUNERAL DIRECTOR:



6-421

68-8033 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG, NO. 68-8033

BIRTH NO.							KLO. 14	<u> </u>		
1. NAME OF DECE	ASED			2. DATE	Known 🛛	Month	Doy	Yeor	Hour	
(Type or Print) ROSA		GI	LLESPIE	OF DEATH	Estimoted	Augus	t 3,	1968	6:30	P .M.
	MORE, MARYLAND, W	HERE P	RONOUNCED DEAD	3. DATE		Month	Doy	Yeor	Hour	
FULL NAME OF	(IF NOT IN HOSPITA	LORINS	TITUTION, GIVE STREET	PRONOU	NCED DEAD	Augus	t 3,	1968	6:30	P
HOSPITAL OR INSTITUTION	ÀDDRESS OR LOCA	IION)		5. USUAL RE	SIDENCE (Where			tion: residence		
n 2				A. STATE Mary			COUNT			(6)
	. Lanvale Sti							1	-2300	1_
6. SEX	7. RACE	8. MARI	RIED 🗌 NEVER MARRIED 🔲	C. CITY OR	TOWN	,	). INSIDE	CITY MMITS?	A STATE OF THE STA	
female	negro	WIDO	VED DIVORCED	Balt	imore			YES A	NO L	
9. DATE OF BIRTH	10. AGE (In		If Under 1 Yr. If Under 24 Hrs.	E. STREET A	ND NUMBER					
1 111/11/19	1877 lost birthdo		Months, Doys, Hours, Min.	120	3 W. Lanv	ale Str	eet			
11. BIRTHPLACE Sto	ote or foreign country)	<u>.                                    </u>	12. CITIZEN OF	13. FATHER						
July II Zilo Zilo II	11	1	WHAT COUNTRY?	111	Horse	171/1-	00	10		
	IV!	CA		IX CC	YOF L	7///6	3/2/	2	- 11	
	ATION (Give kind of work orking life, eyen if retired)	14B. KINI	OF BUSINESS OR INDUSTR	Y IS. MOTHER	S MAIDEN NA	WEN!	11:	*		
House	WITE			VICI	01/12/	1/20	XNU	14HG		
	D EVER IN U.S. ARMED		S? 17. SOCIAL	18 INFORM	ANT /	J	1 .1	ADDRESS	1	- 15
(Yes, no or unknown)	(II yes, give wor or dotes	or service	SECURITY NO.	Willi	1 /40 H	Mesti	1 12	13 1/	124	VO /12
19.	) /		CAUSE OF DEA	TH		10 04 4	100		PPROXIMATE IN	
7/4	71								WEEN ONSET A	ND DEATH
	OR CONDITION DIREC	CTLY	Arteri	osclero	tic Cardi	ovascul	ar Di	sease		
	EADING TO DEATH		(A)IMMEDIATE							
heort foilure, o	t mean the made of dy asthenia, etc. it means the	diseose,	DUE TO, OR	AS A CONSEQ	JENCE OF:					
injury or comp	plication which coused dec	oth.)								
ANI	TECEDENT CAUSES		4n>							
		GIVING	(B) DUE TO, OR	AS A CONSEC	UENCE OF:					
RISE TO THE	R CONDITIONS, IF ANY ABOVE CAUSE (A) STATE	TING THE								
Z	G CONDITION LAST.		(c)							
OTHER SIGNII OTHER SIGNII TO THE DEAT DISEASE OR C	/ 11									
OTHER SIGNI	FICANT CONDITIONS CO									
DISEASE OR C	CONDITION GIVEN IN PA									
20A. DATE OF	OPERATION 20B. CON	VOITION	FOR WHICH OPERATION W	AS PERFORM	ED			21. AUTO	OPSY? (Yes o	r No)
0		2						N.	No	
₹ 22A. EXTERN	IAL CAUSE WAS		22B. PLACE OF INJURY (e.g.	in or obout 2	2C. WHERE DID	(If in Boltimore	City, give			
4.5	OR CONTRIB-		home, form, foctory, street, offi	e bldg., etc.) If	JURY OCCUR?			,		
UTING CAU			A LOOF INCHES TO G GILLDER		OF HOMBIN IN	HIDY OCCUP	NO.			
OF INJURY	Month) (Doy) (Yeor	r) (Hou		WHILE	2F. HOW DID IN	JURY OCCUR	cr			
(APPROX.)				VORK						
23.										
I certif	fy that I held on I	nquiry	Inspection X A	ıtopsγ 🔲	ond that on t	his bosis, d	eoth In	my opinion		
resulte	ed from: Natural cau	ses	Accident Suici	de 🗌 Ho	micide 🗌	Undetermine	ed monne	er 🗌		
	100. 1	$\leftarrow$	12		HIEF MEDICAL E	EXAMINER T				
ACTUAL	11/4/2011	1 /	nil		STANT MEDICAL	F	<u> </u>		DATE SIGN	NED
SIGNATU		-	M.I	).					8/4/68	8
EXAMINE	MCTILCT	. Sp	(tz), M.D.	ASSO	CIATE MEDICAL I	EXAMINER L			0/4/00	
NAME (Ty	/pe)			CDEMATO	DV Loca	LOCATION	100		10.	1-)
24A. BURIAL CREM		1000	24C. NAME of CEMETERY	or CREMATO	24D.	LOCATION	(City, I	own, or county	(Sto	10)
WHILDE	2 81	1190	SINPIN KI	11/6	M	Yan	1/01	11	ic	
25A. DALE REC'D B	BY HEALTH DEPT.	25B. I	NAME OF REGISTRAR	25C. F	UNERAL DIRECT	OR-	1-1	ADDRESS		,
7.7.				111	1//	the	d. Audio	1.11	10000	1. 1
Al	UG 6 1968	OR. O.	b 2. Farleyna	- WI	111001115	VULUE	1/2/	TOME 3	1914.50	Mucde
VS 151-REV. 1/1/68			Marada and an area	. 10		-	7	-		



68- 8034 BALTIMORE CITY HEALTH DEPARTMENT

	CERTIFICATE OF DEATH REG. NO. 68-8034
BIRTH NO.	REG. NO.
1. NAME OF DECEASED	2. DATE Known X Month Day Year Hour
(Type or Print)	DEATH Estimoted 8 4 68 11:30 p
WILL AM BARNES  4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Manth Day Year Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	PRONOUNCED DEAD
HOSPITAL ADDRESS OR LOCATION)	August 4 1968 11:30 p
OR INSTITUTION	5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
	A. STATE B. COUNTY
6. SEX 7. RACE 8. MADDIED DIEVED MADDIED	Maryland  C. CITY OR TOWN  D. INSIDE CITY LIMITS?
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN
Male White WIDOWED X DIVORCED	Balto. YESXX NO
9 DATE OF BIRTH 10. AGE (In years I If Under ) Yr. If Under 24 Hrs.	s. E. STREET AND NUMBER
1/25/182   last Thdoy)   Manths, Doys, Hours, Min.	
	33 S. Curley St.
11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF  WHAT COUNTRY?	
Duccanore, righthandina 1 457	Uriah H. Barnes
14A. USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTRY	RY 15. MOTHER'S MAIDEN NAME
done during mast of working life, even if retired)	Martha III Firmall
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL	Martha W. Firzzell  1B. INFORMANT ADDRESS
(Yes, no or unknown) (If yes, give war ar dotes of service) SECURITY NO.	IB. HAPORIMANI
No 1 218-03-2687	87 M; ss Helen 4. Barnes 33 S. (urley St
19. 1 / O CAUSE OF DEA	APPROXIMATE INTERV. BETWEEN ONSET AND DE
7/27	
	sclerotic cardiovascular disease
LEADING TO DEATH (A) IMMEDIATE C	
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	R AS A CONSEQUENCE OF:
Injury ar complication which caused death.)	
ANITECEDENT CALIFEE	
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING  DUE TO, OR	R AS A CONSEQUENCE OF:
RISE TO THE ABOVE CAUSE (A) STATING THE	A THE STATE OF THE
UNDERLYING CONDITION LAST. (C)	
OF THE RESIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
TOTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
O THE DEATH BUT NOT RELATED TO THE TERMINAL	
DISEASE OR CONDITION GIVEN IN PART 1 (A).	WAS PERFORMED 21. AUTOPSY? (Yes or No
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W.	MAS PERFORMED
	YES (He
	g., in ar obout 22C. WHERE DID (If in Boltimare City, give exoct lacation)
I S OHDEREING TOR COLLINS	ffice bldg., etc.) INJURY OCCUR?
	D 22F. HOW DID INJURY OCCUR?
OF INJURY	OT WHILE
	WORK
23.	
I certify that I held an Inquiry Inspection Au	Autapsy 💢 ond that an this basis, death in my oplnian
resulted fram: Natural causes XX Accident Suicio	ide Hamicide Undetermined manner
	CHIEF MEDICAL EXAMINER
ACTUAL A LOUN IN	DATE SIGNED
SIGNATURE Walf / Church M.E.	ASSISTANT MEDICAL EXAMINER XX
EXAMINER'S	ASSOCIATE MEDICAL EXAMINER
NAME (Type) Ronald N. Fornblum, M.D.	August 5, 1968
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY	
REMOVAL (Specify)	
Burial 8/8/68 Parkwood Cer	emetery Baltimore, Maryland
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS

1968 Rent E. Fellema John A. Moran, Inc. 3000 E. Baltimone

VS 151-REV. 1/1/68

1-120

68- 8035 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

68-	8035

BIF	TH NO.		MEL	PICAL	. E)	KAMINER'S	EKIIF	CATE OF	DEAT	H REG. NO	00-	8033		
1.	NAME OF DEC				4.0		2. DATE	Known X	Month	Day	Yeor	Hour		
			ANESSA				OF DEATH	Estimoted	Ju1y	31, 1968		M.		
	L NAME OF					DUNCED DEAD	3. DATE	UNCED DEAD	Month	Doy	Yeor	Hour		
HO	SPITAL INSTITUTION	ADDRE	SS OR LOCA	TION)	IIIUIII	ON, GIVE STREET				31, 1968		3:04 P <sub>M</sub>		
OK	INSTITUTION	Chur	ch Hom	e Hos	pit	:a1 (DOA)	A. STATE	Maryland	e dece osed li	B. COUNTY	residence/	pelore admission)		
6.	SEX	7. RACE		B. MARR	IED [	NEVER MARRIET	C. CITY OF			D. INSIDE CIT	Y LIMITS?			
L	Memale	Neg:		WIDOW				Baltimore		YES	X	№ □		
9. 1	ATE OF BIRTH	1	10. AGE (I	n yeors	If Ur Mont	nder 1 Yr. If Under 24 Hrs. hs: Doys : Hours : Min.	E. STREET	AND NUMBER						
-	5/7/64								squith	Street				
11.									Canah	C) 990				
140				14B KIND		~				lam				
	e during most of w			AD. KIIND	OF	SOSINESS OR INDUSTRI								
16	WAS DECEASE	D EVER IN	U.S. ARMEI	PORCES	?	IT. SOCIAL			ucas	AD	DRESS			
(Ye	s, no or unknown)	(If yes, give w	vor or dotes	of service	)	SECURITY NO.			e T.11					
-	19. / ()	VV		_		CAUSE OF DEA		D Daoill		, ,	AP			
П	27001											EEN ONSET AND DEATH		
Ш	DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  LEADING TO DEATH  LEADING TO DEATH  LEADING TO DEATH													
	(This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF											) has the distribution has the Alphan day has the has the NOVER HAS AND THE HAS AND THE AND THE HAS AN		
	injury or complication which coused death.)													
	ANTECEDENT CAUSES (R)													
	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE													
z	UNDERLYING CONDITION LAST.													
은	E936.0 11													
S	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL													
TH						WHICH OPERATION W	AS DEDECORAS					AUTORSVO (Vot os No)		
AL CERTIFICATION	J. DATE OF	OFERANO	200. CO	NOIIION	rok	WHICH OPERATION W	AS PERFORMED							
	22A. EXTERI	VAL CALISE	WAS		22B. F	PLACE OF INITIRY(e.g.,	in or obout	22C WHERE DID	lif in Boltimo	re City, give exoc		res		
S	O INDERIVING RIOP CONTER home, form, foctory, street, office bldg., etc.) INJURY OCCUR?													
MEDI	UTING LICAUSE OF DEATH.   NOME   ZUU N. Alsquith Street  22D. TIME (Month) (Doy) (Yeor) (Hour)   22E.INJURY OCCURRED   22F. HOWDID INJURY OCCUR?													
	OF INJURY  (APPROX.)  ?  WHILE AT INJURY  YORK  YORK													
1	23.													
	I certify that I held an Inquiry Inspection Autopsy and that on this basis, death in my apinion													
	resulted from: Natural causes Accident Suicide Hamicide Undetermined manner													
	CHIEF MEDICAL EXAMINER DATE SIGNED											DATE SIGNED		
	ACTUAL SIGNATU	200 N. Aisquith Street												
L	NAME (Type)													
	A. BURIAL CREA MOVAL (Specif		4B. DATE		24	C. NAME of CEMETERY	or CREMAT	ORY 24D.	LOCATION	(City, town,	or county	) (Stote)		
	Burial		8/5/6	8		Mt Auburr	Ceme	try	Balti	imore I	/Id			
25.			DEPT.	25B. N		OF REGISTRAR		FUNERAL DIRECT						
	A	UG 6	1968	Or lan	b	E, Starton, MA	A	Hals	tead	1206 V	1 NC	orth A <sub>v</sub> e		
VS	151-REV. 1/1/6B	- N 8	7574	I X								V		

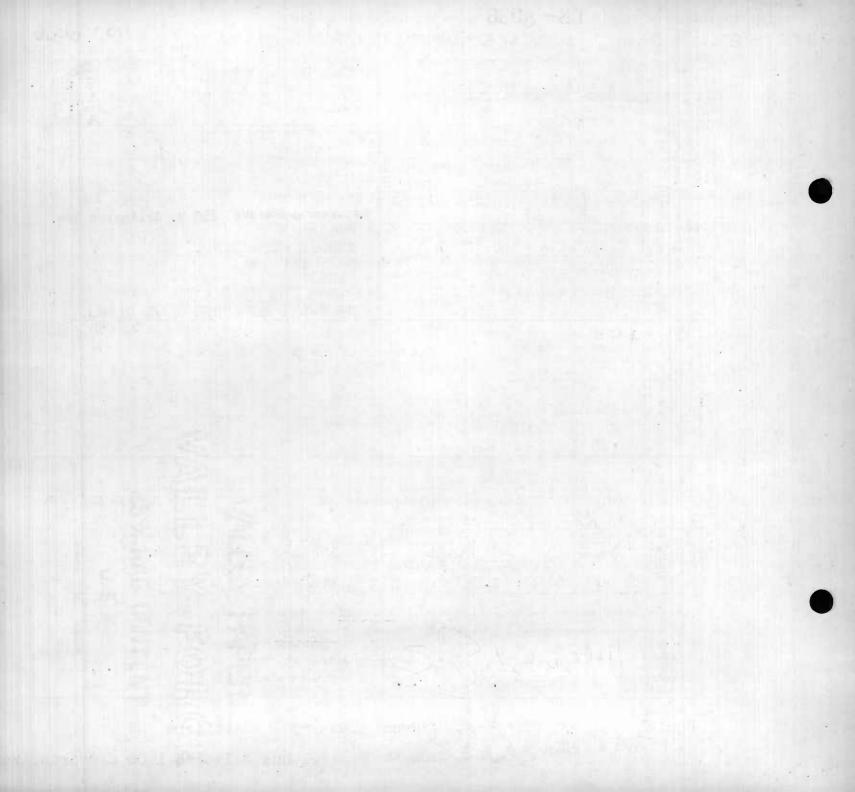
31

BIRTH NO.

68-8036 BALTIMORE CITY HEALTH DEPARTMENT
MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.

68- 8036
0
68 11:50 P <sub>M</sub>
Yeor Hour oo
68 Midnightu
lian: residence befare admission)
CITY DOMES?
YES NO
Arlington Ave.
ADDRESS
2 Girad St Shingthest onstand Death
THE WEEK ONSEPAND DEATH
21. AUTOPSY? (Yes or No)
Yes
exoct location) - 0 2
tion
ny opinion
, 🗆

1. NAME OF DECEASED							2. DATE Known Manth Day Year Hour							
(Type or Print)	Ned	die Mc	Padde	en		OF DEATH	Estimated 🔀	8	2	68	11:50	PM		
4. PLACE IN BALTI	MORE, MA	RYLAND, W	HERE P	RONO	JNCED DEAD	3. DATE		Month	Day	Yeor	12:00			
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NO	T IN HOSPITA	LORINS	OITUTIT	N, GIVE STREET		UNCED DEAD	8	2	68	Midni	shtw.		
36 Franklin Square Hospital							aryland	re decedsed in	B. COUNT	n: residence	before damis	sian)		
6. SEX 7	. RACE		8. MAR	RIED	NEVER MARRIED	C. CITY OF			D. INSIDE C	ITY D'AITS?	0	t		
M	C		WIDO	WED _	DIVORCED	Baltir	nore		, Y	ES 🗵	NO 🗌	N. San et		
9. DATE OF BIRTH	1926	10. AGE (In		If Und Manth	er I Yr. If Under 24 Hrs. s. Doys Haurs 1 Min.		AND NUMBER				Miles			
II DIDTUDI ACE/C		1	42	10 61	17511.05		HANNA KANG	<del>(1444)</del> 21	ON. AT	lingt	on Ave			
	1. BIRTHPLACE (Stole or foreign country)  SOUTH CAAROLINA  12. CITIZEN OF WHAT COUNTRY?						NEDDIE MCFADDEN . SR							
4A.USUAL OCCUP	ATION (GIV	e kind of work	14B. KIN	D OF BI	JSINESS OR INDUSTR				,					
dane during most of wo	rking lite, ev	en if refired)				AB	BIE							
6. WAS DECEASED	EVER IN	U.S. ARMED	FORCE	S?  1	7. SOCIAL	18. INFOR			A	DDRESS				
Yes, no ar unknawn) (I	It yes, give v	war ar dates	of service	e)	SECURITY NO.	MR	WEARY M	CRADDE	N 1002	Cin	ad St			
19.	1	/		1	CAUSE OF DEA		WESTELL PA	OLADDE			PROXIMATION WELL ONSE AL			
E76	64								Wasi	TITE	MEEN ONSEPAN	NO DEATH		
		ITION DIREC	CTLY		Stabwou	and of	chest							
(This does not	ADING TO		ina e a		(A)IMMEDIATE	CAUSE	USA OF							
heart foilure, o injury or camp	sthenla, etc	. It means the	diseose,		DUE TO, OK	AS A CONSEC	UENCE OF:							
ANIT	ANTECEDENT CAUSES (B)													
DISEASES OF	CONDITIO	ONS, IF ANY	GIVING	;	DUE TO, OR	AS A CONSE	QUENCE OF:							
RISE TO THE A	ABOVE CAL	USE (A) STAT	ING THE											
Z		OTT LAST.			(C)									
OF OTHER SIGNIF TO THE DEAT DISEASE OR C	H BUT NOT	RELATED TO	THE TERM	AINAL										
20A. DATE OF					HICH OPERATION W	AS DEDECIDA	VED		21. AUTOPSY? (Yes or No)					
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS						AS TERTORA								
Z 22A. EXTERNA	AL CAUCE	14/AC		loop n	ACE OF INITIBY	1 1	OC WHIERE DID	dia . m. tiv		1	Yes			
UNDERLYING DE CAUS		TRIB-		hame,	ACE OF INJURY(e.g., form, factory, street, offi street	ce bldg., etc.) I	NJURY OCCUR? DO Block			18	-02			
		ay) (Year	) (Hau	r) 228	INJURY OCCURRED		2F. HOW DID II	NJURY OCCI	JR?					
(APPROX.)	3 2	68	11:30	OP WH	ILE AT NO	WHILE S	tabbed du	ring al	tercati	ion				
23.	23.													
I certif	y that I h	eld on I	nquiry [		Inspection 🔲 Au	topsy 🔯	ond that on	this bosis,	death in my	opinion				
resulte	d from: N	atural cau	ses 🗌	Acc	ident Suici	de H	micide -	Undetermin	ned monner	7				
	1			/			CHIEF MEDICAL			100				
ACTUAL	1110	12	0	1	70/-		STANT MEDICAL				DATE SIGN	1ED		
SIGNATUR	E	yu	$\rightarrow$	N	M.I	).				Aug.	3,1968			
EXAMINER NAME (Typ	pe)		ner	U. 9	Ltz, MD		CIATE MEDICAL	EXAMINER						
24A. BURIAL CREMA REMOVAL (Specify)		4B. DATE			NAME of CEMETERY		DRY 24D	, LOCATION	(City, town	n, or county	(Stot	e)		
Burial		8/8/			Mt Aubur	n Cem	etry	Balti		Md				
Burial 25A. DATE REC'D	NG V BHI	8961	25B. N	NAME C	F REGISTRAR	25C.	FUNERAL DIREC			DDRESS	M			
			Aleka		2. Fallyna	A A	dolphus	Halst	ead 12	06 W	Nort	h A		



Such

3. PLACE IN BALTIMORE	68-	0113/			2000
NAME OF DECEASED Type or Print)  Jac  3. PLACE IN BALTIMORE FULL NAME OF HOSPITAL OR A		CERTIFICA	TE OF DEATH	REG. NO	68-8037
Type or Print)  Jac 3. PLACE IN BALTIMORE FULL NAME OF HOSPITAL OR A				AND HOUR OF DEATH	1
FULL NAME OF (IF	ar C WA Lang			/4/68	6:30 A
FULL NAME OF (IF	C. Wilson		4. USUAL RESIDENCE (W	here deceased lived. If	institution: residence before admissi
FULL NAME OF (III HOSPITAL OR A NSTITUTION			A. STATE B. COL	YTY	
NSTITUTION	NOT IN HOSPITAL OR	INSTITUTION, GIVE STREET	Maryland		
	DERESS OR EGGA HOLL		C. CITY OR TOWN	D. IN	SIDE CITY LIMITS?
~ 815 Bur	gundy St.		Baltimore E. STREET AND NUMBER		YES NOT
) OLO Dai	Series Doe				
. SEX  6. RAC	- T2		815 Burgun	9. AGE (In years	If Under 1 Yr If Under 24 h
. SEX 6. RAC		RRIED NEVER MARRIED		last birthday)	If Under 1 Yr. If Under 24 H Months Doys Hours Min.
	WIDO	OWED DIVORCED	1/3/1908	60	
OA, USUAL OCCUPATION  Ione during most of working		ND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	oreign country)	12. CITIZEN OF WHAT COUN
Mechanic			South Caro	lina	U.S.A.
3. FATHER'S NAME			14. MOTHER'S MAIDEN N	AME	
Mose Wils	on				
S. Was Deceased Ever in		1 6. SOCIAL	17. INFORMANT		ADDRESS
(es, no or unknown) (If yes	, give wor or dates of se	rvice) SECURITY NO.			
No		248-01-2117	Lila Mae Wi	lson 815	Burgundy St.
UNDERLYING CON	II CONDITIONS CONTRIBU	(c) Ch CC	ed vosa	by recu	lucké I diseri
DISEASE OR CONDITI	NOT RELATED TO THE TERM ON GIVEN IN PART 1 (A).				
19A. DATE OF OPERA	ATION 19B CONDITION	FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or	No. 208. IF YES, WERE	FINDINGS CONSIDERED AUSES OF DEATH?
	S UNDERLYING CAUSE OF	21 B. PLACE OF INJURY (e.g., in home, form, foctory, street, of	fice bldg., INJURY OCCUR?	(If in Boltim	ore City, give exoct location)
OR CONTRIBUTING	ol exominer)	etc.)			
OR CONTRIBUTING		21 E. INJURY OCCURRED	21F. HOW DID I	NJURY OCCUR?	
OR CONTRIBUTING	h) (Doy) (Year) (Hour				
OR CONTRIBUTING	h) (Doy) (Yeor) (Hour	While At Not While			
OR CONTRIBUTING OR CONTRIBUTING DEATH (notify medical DEATH (notify medical DEATH (Montributing) OF INJURY (APPROX.)		Work L At Work		167 A	1010 × 4 68
DI 21A. ACCIDENT WAS OR CONTRIBUTING DEATH (notify medical Control of Injury (APPROX.)  22. I certify that (	l) (this haspital) atter	work At Work	occurling	1967 10 al	yex 4 68
JA. ACCIDENT WAS OR CONTRIBUTING DEATH (notify medical post of injury (APPROX.)  22. I certify that (that (I) (we) last s	l) (this haspital) atter	work At Work	occurly 1968 and		May 4 168
JA. ACCIDENT WAS OR CONTRIBUTING DEATH (notify medical DEATH (notify medical DEATH) (APPROX.)  22. I certify that (that (I) (we) last sand haur and fram	l) (this haspital) atter	work At Work	occurly 1968 and		1
210. ACCIDENT WAR OR CONTRIBUTING[ DEATH (notify medical contribution) 210. TIME (Montro) (APPROX.)  22. I certify that ( that (I) (we) last s	l) (this haspital) atter	work At Work added the deceased from Sove. (I) (We) (did) (did nat) v	CCULLY 19 6 8 and iew the bady after death	h.	pinian death accurred an the o
21A. ACCIDENT WAND OR CONTRIBUTING[ DEATH (notify medical of injury (APPROX.)  22. I certify that ( that (I) (we) last s and haur and fram	l) (this haspital) atter	work At Work added the deceased from Sove. (I) (We) (did) (did nat) v	19 and and iew the bady after death		1
21A. ACCIDENT WAS OR CONTRIBUTING DEATH (notify medical DEATH (not	l) (this haspital) atter	work At Work  Inded the deceased from Attended  e an Attended  ove. (I) (We) (did) (did not) v  Attended  Attended	19 and and iew the bady after death	Staff	1
21A. ACCIDENT WAS OR CONTRIBUTING DEATH (notify medical post of injury (APPROX.)  22. I certify that (that (I) (we) last sand haur and fram 23A. SIGNATURE)	l) (this haspital) atter	work At Work added the deceased from	iew the bady after death	Staff	1
21A. ACCIDENT WAS CONTRIBUTING OF CONTRIBUTING DEATH (notify medical property of the contribution of the c	(this haspital) atternation to the causes stated about the Causes stated about SRO RO	work At Work  Inded the deceased from Attended  e an Attended  ove. (I) (We) (did) (did not) v  Attended  Attended	nding Med. Director  23D. ADDRESS	Staff  Phys.   Monro	1
21A. ACCIDENT WAS CONTRIBUTING OF CONTRIBUTING DEATH (notify medical property of the contribution of the c	(this haspital) atternation to the causes stated about the causes stated about SRO RO	work  At Work  added the deceased from  ave. (I) (We) (did) (did nat) v  Attended the deceased from  Deceased from  Dec	nding Med. Director  23D. ADDRESS  MATORY  24D.	Shaff Phys. D	23 B. DAN SIGNED  23 B. DAN SIGNED  City, lown, or county)  (Stote
21A. ACCIDENT WAS OR CONTRIBUTING DEATH (notify medical post of injury (APPROX.)  22. I certify that (that (I) (we) last sand haur and from 23A. SIGNATURE)  23C. PHYSICHAM'S NAME (Type)	the causes stated above the DATE 8/8/68	work At Work  added the deceased fram.  ave. (I) (We) (did) (did nat) v  Attended the deceased fram.  ave. (I) (We) (did) (did nat) v	nding Med. Director  23D. ADDRESS  MATORY  24D.	Shaff Dhys. D	8/1/68 e St Batte

VS 150-REV. 1/1/6B

Charles A. Rice

661 W. Barre St.

Reported friend Per potensia di Arterdo Chine: I Sterroffel ECHAINENTS STEEL The second of the second of the second

MEDICAL EXAMINER'S	CERTIFICATE OF DEATH REG. NO.
I. NAME OF DECEASED THOMAS	2. DATE Known Month Doy Year Hour
(Type or Print)	OF 11 157 Amount 2 1060 0.00 B
CHARLES VERNA J/2.  4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	B. DATE  August 3, 1908 9:00 R  Month Day Year Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	PRONOUNCED DEAD August 4, 1968 10:00 A
HOSPITAL OF THE ADDRESS OR LOCATION)	5. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)
835 S. Dallas Street 8-12-68	A STATE B. COUNTY Maryland
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. IT SIDE CITY CAMITS?
male white WIDOWED DIVORCED	Baltimore YES X NO L
9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr, If Under 24 Hrs.	163 62 110
Oct 12 Jan last birthday) 10 Manths Days Hours Min.	835 S. Dallas Street
11. BIRTHPLACE (State or fareign country) 12. CITIZEN OF	13. FATHER'S NAME
Danville WHAT COUNTRY?	CHARLES T, VERNA SA.
14A.USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTR	
done during most of working life, even if retired)  ALCOA ALUAN.	FLizabeth A. Fritacon car
16 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL	18. INFORMANT ADDRESS
(Yes, na arunknawn) (If yes, give wor or dotes af service)  SECURITY NO.  25-30-89/7	MARGARET BELL 835 5 DALLES ST.
19. 2 A 9 Q , CAUSE OF DEA	
DISEASE OR CONDITION DIRECTLY ACU:	te Alcoholic
LEADING TO DEATH	CAUSE
(This does not meon the mode of dying, e.g., heart failure, asthenia, etc. It meons the disease,	AS A CONSEQUENCE OF INTOXICATION
injury ar camplication which caused death.)	
ANTECEDENT CAUSES (B)	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	AS A CONSEQUENCE OF:
UNDERLYING CONDITION LAST.	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION   20B. CONDITION FOR WHICH OPERATION W.	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	
DISEASE OR CONDITION GIVEN IN PART 1 (A).	
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W.	AS PERFORMED 21. AUTOPSY? (Yes ar No)
	Yes
O HAIDERIVING TOP CONTRIB	in or obaut 22C. WHERE DID (If in Baltimare City, give exact lacation) te bldg., etc.) INJURY OCCUR?
☐ UTING ☐ CAUSE OF DEATH.	
OF INJURY (Manth) (Day) (Year) (Haur) 22E.INJURY OCCURRED	22F. HOW DID INJURY OCCUR?
(APPROX.) m. WORK AT V	WHILE VORK
23.	<b>V</b>
	tapsy X ond that on this basis, deoth in my opinion
resulted from: Notural causes X Accident Suici	
	CHIEF MEDICAL EXAMINER DATE SIGNED
ACTUAL MODELLA	ACCICTABLE MACDICAL EVASABLED 1 XI
ACTUAL SIGNATURE WELLOW M.E.	ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER
SIGNATURE WEYNER U. Spitz, M.D.	ASSOCIATE MEDICAL EXAMINER   8/4/68
SIGNATURE WEYNER'S Werner U. Spitz, M.D.  NAME (Type)	ASSOCIATE MEDICAL EXAMINER   8/4/68
SIGNATURE WETNER U. Spitz, M.D.  EXAMINER'S Werner U. Spitz, M.D.  24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY REMOVAL (Specify)	ASSOCIATE MEDICAL EXAMINER   8/4/68  or CREMATORY 24D. LOCATION (City, town, or county) (State)
SIGNATURE WETNER U. Spitz, M.D.  EXAMINER'S WETNER U. Spitz, M.D.  24A. BURIAL CREMATION, PARTICIPATION, REMOVAL (Specify)  Burial Aug 8, 1968 Sherwood	or CREMATORY 24D. LOCATION (City, town, or county) (State)  Nem: PK. Salem, Va
SIGNATURE WETNER U. Spitz, M.D.  EXAMINER'S Werner U. Spitz, M.D.  24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY REMOVAL (Specify)	ASSOCIATE MEDICAL EXAMINER   8/4/68  or CREMATORY 24D. LOCATION (City, town, or county) (State)

YES WINCO WAR IS THE PROPERTY SEELS SO I SHALL SEELS

Such

prior to death.

BALTIMORE CIT	Y HEALTH DEPARTMENT
BIRTH NO. 68- 8039 CERTIFICA	ATE OF DEATH REG. NO. 68-8039
NAME OF DECEASED	2, DATE AND HOUR OF DEATH
Joseph Robl	5 Aug. 1968 942 P
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission A. STATE  B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	Maryland  C. CITY OR TOWN  D. NSIDE CITY LIMITS?
90 FAYETTE CONVALESCENT HOME	Baltimore YES NO
1105 E. Fayette Street	28 S. Madiera ST
5. SEX 6. RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED D	8. DATE OF BIRTH 9. AGE (In years lost birthdoy) 3-18-1908 9. AGE (In years Months; Doys Hours; Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTR' done during most of working life, even if retired)	Y 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTY
Plumber Service-Home	Maryland USH
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
JOSEPH Rohl	Pauline Schramph
5. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS
Yes WW 11 213 01 386	3A Mrs. Stuckrath 25 Vincent Ave 2/22
/8. CAUSE OF DEA	TH APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY	BETWEEN ONSET AND DEA
LEADING TO DEATH	USE EMPHYSIMA PERTE
	S A CONSEQUÊNCE OF:
injury ar complication which coused death.)	1 20
ANTECEDENT CAUSES	MCVV Swia m
Pitariota on Contamonta, il ony, giring	S A CONSEQUENCE OF:
rise to the above cause (A) stating the UNDERLYING CONDITION last. (C)	
5221	
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	1/ martinals/malen
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	I THE TOWN WILLIAM TO THE TOWN
198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
212 ACCIDENT WAS LINDERLYING 218 BLACE OF INLUMY	in or about 21 C. WHERE DID (If in Boltimore City, give exact location)
OR CONTRIBUTING CAUSE OF home, form, foctory, street,	in or about 21 C. WHERE DID (If in Boltimore City, give exact location) office bldg., INJURY OCCUR?
O STATE WASHINGTON	OVE HOW SID IN MAN OCCUPY
21D. TIME (Month) (Doy) (Yeor) (Hour) 21E, INJURY OCCURRED  OF INJURY  While At Not Wh	21F. HOW DID INJURY OCCUR?
(APPROX.)	k 📙
22. I certify that (I) (the heart of ottended the deceased from	Dec. 19, 1967 to 5 Aug. 1968
that (1) Two lost sow the deceased alive on 5 Aug.	1968 ond that In(my) (50% opinion death occurred on the d
ond hour and from the couses stated above. (1) (KCK (did) CEX 16X	view the body ofter deoth.
23A. SIGNATURE	23B. DATE SIGNED
1 4/41/1/1 1/5-1	tending Med. Staff I Saug & F
23C. PHYSICIAN'S	23D. ADDRESS
NAME (Type)	
J. Hulla ID DEGREE	
REMOVAL (Specify)	
	NATIONAL FREDERICK RD BACTO M 25C. FUNERAL DIRECTOR ADDRESS THEOIPPEC BROS INC 1800 E LOMBARD S
25A, DATE REC'D BY HEALTH DEPT. 25B, NAME OF REGISTRAR	25C, FUNERAL DIRECTOR ADDRESS
AUG 6 1968 12 0 15 8 For Burn	1 HEDIPPEC OKOS MYC 10 WE LONG SAKO 3

Rest E.

1968

VS 150-REV. 1/1/6B

P ...

JELTE 9. PARE . BELTE

El. Herrylagorda to CUA Chemic Man Syndrone On the graph P. 37115 liberty Hats her Patt was no E.E. Holf

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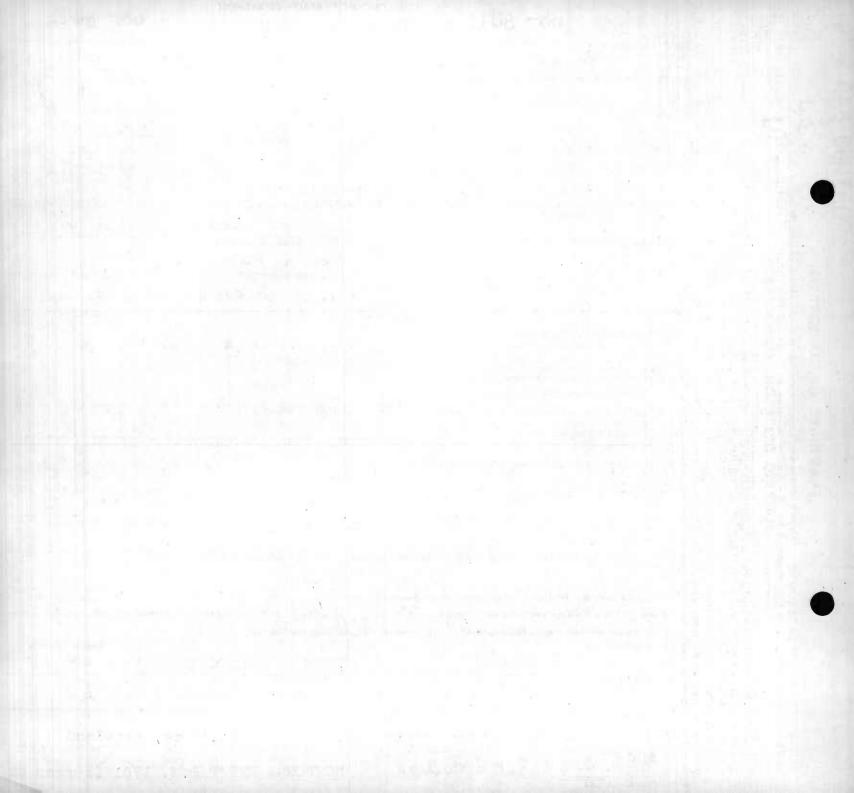
0	011	BALTIMORE CITY HEALTH DE
8-8	3041	CERTIFICATE OF

BALTIMORE	CITY	HEALTH	DEPART	MENT
CERTIFI	CA	TF O	F DE	ATH

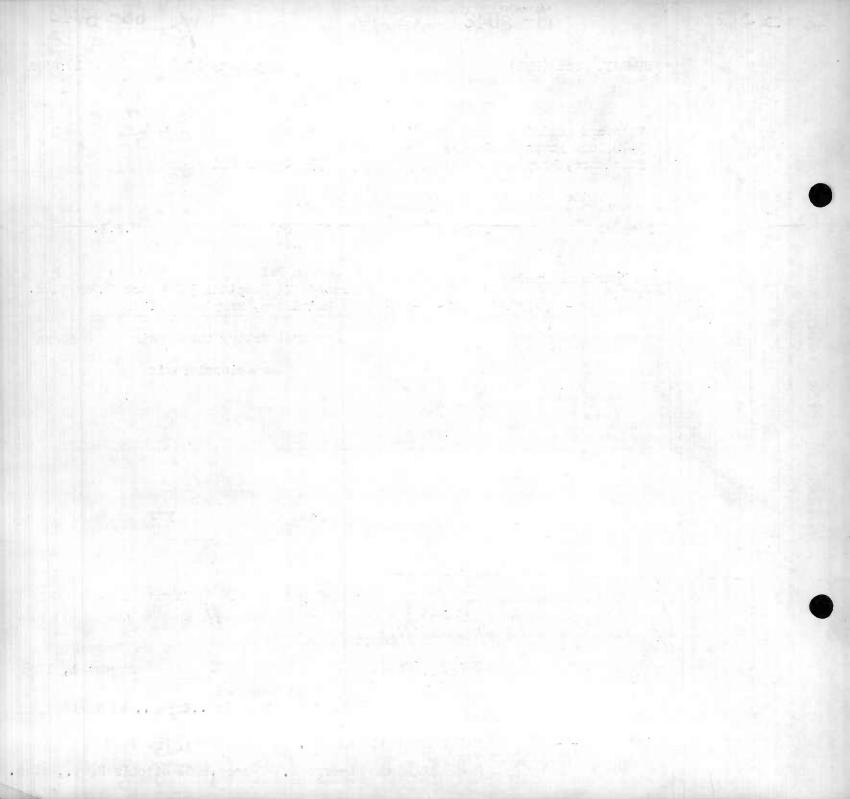
68- 8041 REG. NO.

BIRTH NO.	CERTIFICA	IL OF DEAT	П		
T. NAME OF DECEASED Thomas W	HITIUC	- A	re and hour of		10:35 P.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PR		4. USUAL RESIDENCE	(Where deceased li		idence before odnession)
FULL NAME OF (IF NOT IN HOSPITAL OR IN HOSPITAL OR IN ADDRESS OR LOCATION) W.S. Public Health Semic Wyman Pk. DRWB & 31st	e Hospital	C. CITY OR TOWN Balfimo E. STREET AND NUMB Wilmer	rud re	D. INSIDE CITALIA	0
5. SEX 6. RACE 7. MADI	DIED A NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In ye		1 Yr., If Under 24 His.
M Negro WIDO	RIED NEVER MARRIED DIVORCED	Febr. 12,19	Lord birdeday	68 Months	Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of work 108, KIN				6 (/)	EN OF WHAT COUNTRY
done during most of working lile, even il retired)  Stevedore – long shoreman			? Butt	s, md-	USQ_
13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME	1	
Thomas T. Whiting		Geneva	Hargro	Æ	
S. Was Deceased Ever in U. S. Armed Forces? Yes, no ar unknown) (ii) yes, give wor or dates of serv	ice) 16. SOCIAL SECURITY NO.	17. INFORMANT			ADDRESS
NO	212-01-8970	Records -1	us phs H	ospital, Be	ilto, Md.
CTHIS does not mean the mode of dying, heart foilure, asthenia, etc. It means the disc injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, gings to the above cause (A) stating UNDERLYING CONDITION last.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTE TO THE DEATH BUT NOT RELATED TO THE TERMIT DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A. DATE OF OPERATION 19B. CONDITION IN WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING 1	(B)	A CONSEQUENCE OF:  20A. AUTOPSY? (Yes	oı No) 20B. IF YES	i, WERE FINDINGS	
21A. ACCIDENT WAS UNDERLYING	21B. PLACE OF INJURY (e.g., i	// WHERE D	110	Palitiman City alice	
OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	home, form, factory, street, of	fice bldg., INJURY OCCL	JR?	Boltimore City, give	exoct locotion;
21D.TIME (Month) (Doy) (Yeor) (Hour) OF INJURY (APPROX.)	21E. INJURY OCCURRED  While At  Not While  At Work	e 🗖	D INJURY OCCUR		
22. I certify that (**)(this haspital) attended that (**) (we) last saw the deceased alive and haur and from the causes stated above 23A. SIGNATURE	on August 4, ve. (*) (We) (did) (did not) v	iew the bady after de	nd that in (1997) (	our) apinian deat	1968 h occurred an the dote E SIGNED H-68
	RTALOS, SASUAGE DEGREE		HS HOSPI	tel, Balte	
REMOVAL (Specify)					
Burial 8-8-68	Mount Auburn	25C. FUNERAL DIRE		nore, Mar	yland Address
ALIC C 400/: A	5 E. Farlyna	. 1	6.1	г.н. 1701	Laurens B

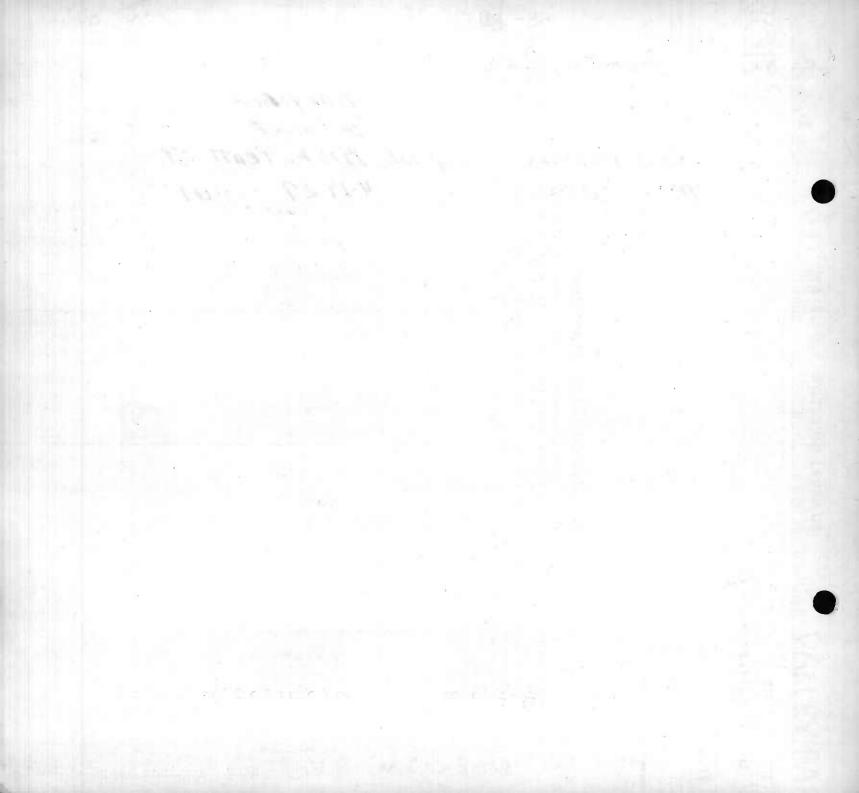
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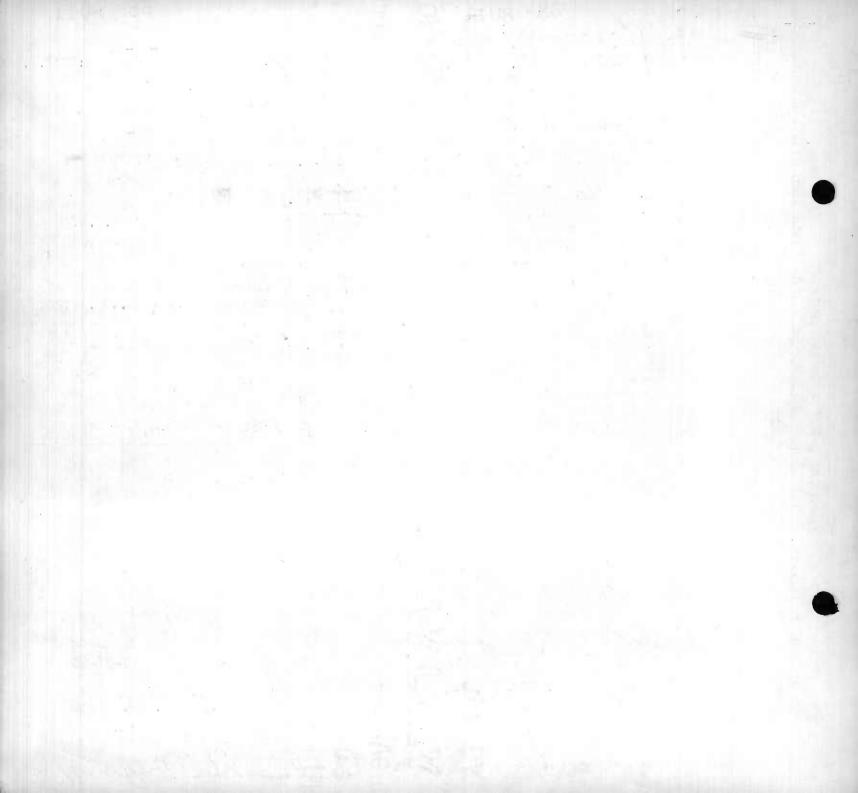


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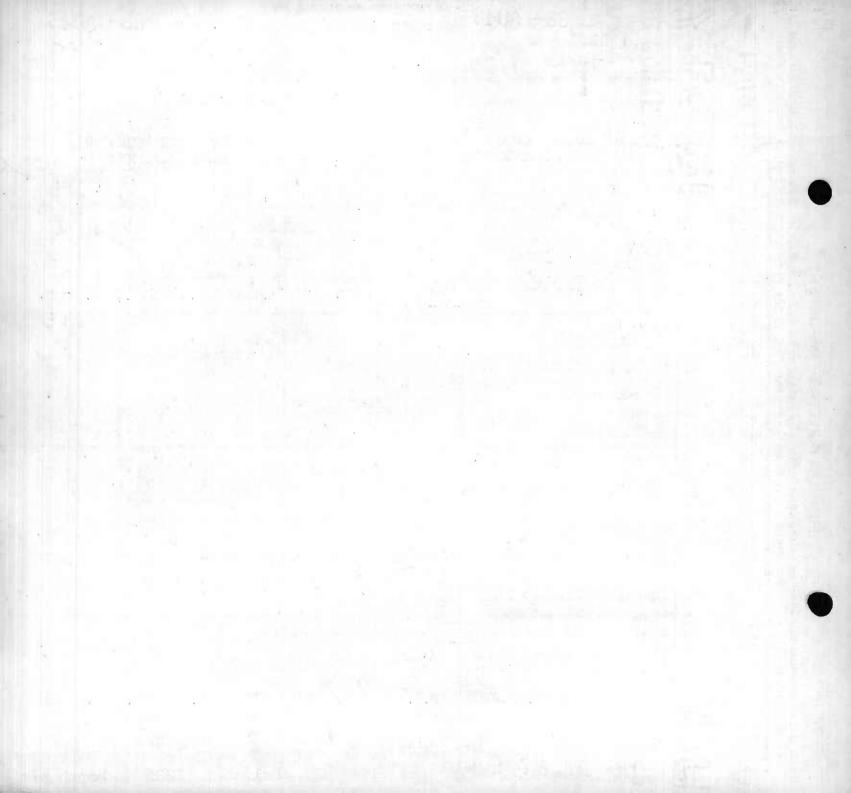


68- BIRTH NO.	8043 CERTIFICA	TE OF DEATH	REG. NO	68- 8043
1. NAME OF DECEASED (Type or Print) PREN CE  3. PLACE IN BALTIMORE, MARYLAND, WHERE PRINTED IN THE PRINTED IN T	DNO UN CED DEAD	JUL	D HOUR OF DEATH  9 9196 V  e deceosed lived. If inst	13/30 A M.
FULL NAME OF HOSPITAL OR IN HOSPITAL OR IN ADDRESS OR LOCATION)  JOHNS HOSPITAL OR IN ADDRESS OR LOCATION)	Hospital	Mary An CLITY OR TOWN BAIT MORE E. STREET AND NUMBER 1910 P. YE	d. A	VESTED NO
10A. USUAL OCCUPATION (Give kind of work) 10B. KIN done during most of working life, even if retired)	WED DIVORCED	4-19-07	9, AGE (In years lost birthday) gn country)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.  12. CITIZEN OF WHAT COUNTRY?
Miner		Wharton, West V		U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	ΛE	
Summers, Green 15. Was Deceosed Ever in U. S. Armed Forces? (Yes, no or unknown) off yes, give wor or dotes of serv	ice) 1 6. SOCIAL SECURITY NO.	Emma Green	1910 E Prat	t Street ADDRESS
NO	CAUSE OF DEAT	Junior McCaule	y 1910 E	Prott St
(This daes not mean the made of dying, heart foilure, asthenia, etc. It means the discinius are camplication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, givine to the obave cause (A) stating UNDERLYING CONDITION last.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTE TO THE TERMIT TO THE DEATH BUT NOT RELATED TO THE TERMIT OF THE DEATH BUT NOT RELATED TO THE DEATH BUT NOT RELATED TO THE DEATH BUT NOT RELATED TO THE TERMIT OF THE DEATH BUT NOT RELATED TO THE TERMIT OF THE DEATH BUT NOT RELATED TO THE TERMIT OF THE DEATH BUT NOT RELATED TO THE TERMIT OF THE DEATH BUT NOT RELATED TO THE TERMIT OF THE DEATH BUT NOT RELATED TO THE TERMIT OF THE DEATH BUT NOT RELATED TO THE TERMIT OF THE THE DEATH BUT NOT RELATED TO THE TERMIT OF TH	ving DUE TO, OR AS	A CONSEQUENCE OF:		yeurs
DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION 1 WAS PERFORMED	***************************************	20A. AUTOPSY? (Yes or No	20B. IF YES, WERE FI	NDINGS CONSIDERED SES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., home, farm, factory, street, o	ffice bldg.,		City, give exact location)
21D. TIME (Month) (Doy) (Year) (Hour) (APPROX.)	21 E. tNJURY OCCURRED  While At Not Whi Work  Not Work		URY OCCUR?	
22. I certify that (1) this hospital) ottend that (1) (we) lost saw the deceased alive	on July 29	19 68 ond the	19 68 ta Ju at in(my) (our) apln	ian death accurred on the date
and haur and from the causes stated above 23A. SIGNATURE  23C. PHYSICIAN'S 23C. PHYSICIAN'S		ending Med.	Staff Phys.	7/29/68
Joseph S. At	kinson  C. NAME of CEMETERY OF CR	The Johns Ho		ital (, town, or county) (Stote)
	ME OF REGISTRAR	2SC. FUNERAL DIRECTOR	im West Vire	ginia ADDRESS on West Virginia

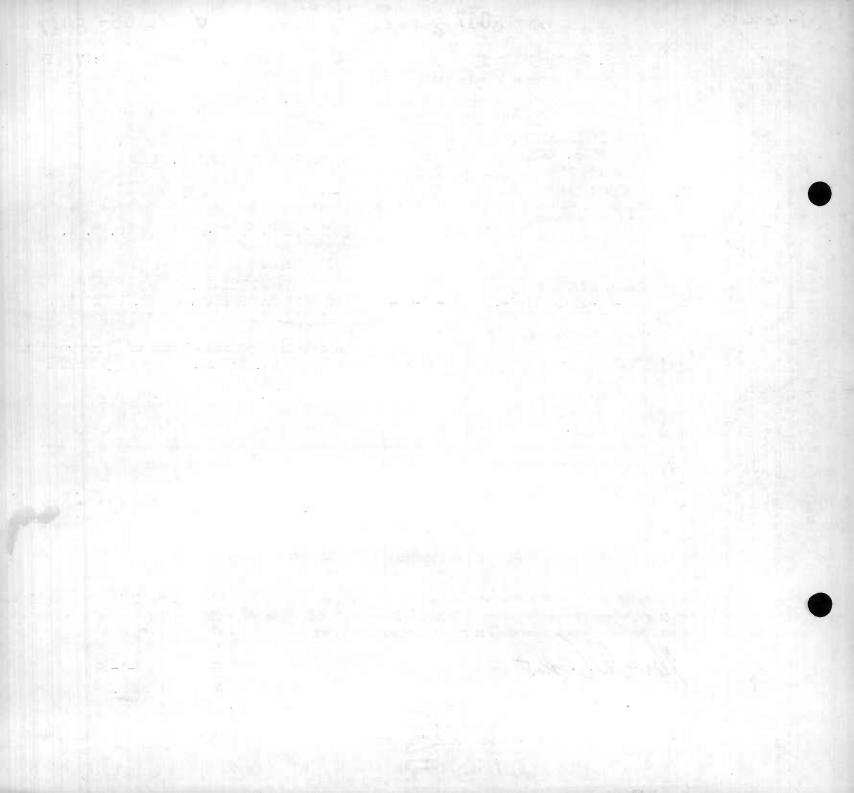




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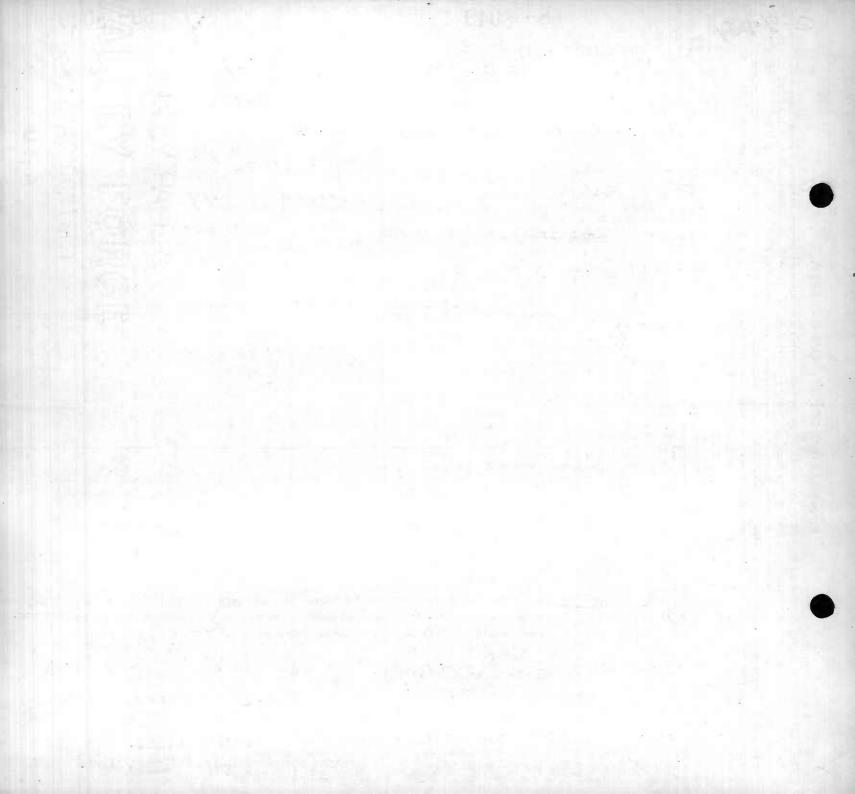
Joseph Stephen stoping come "Gates and the Presenta My compared out to promote ) llier of months

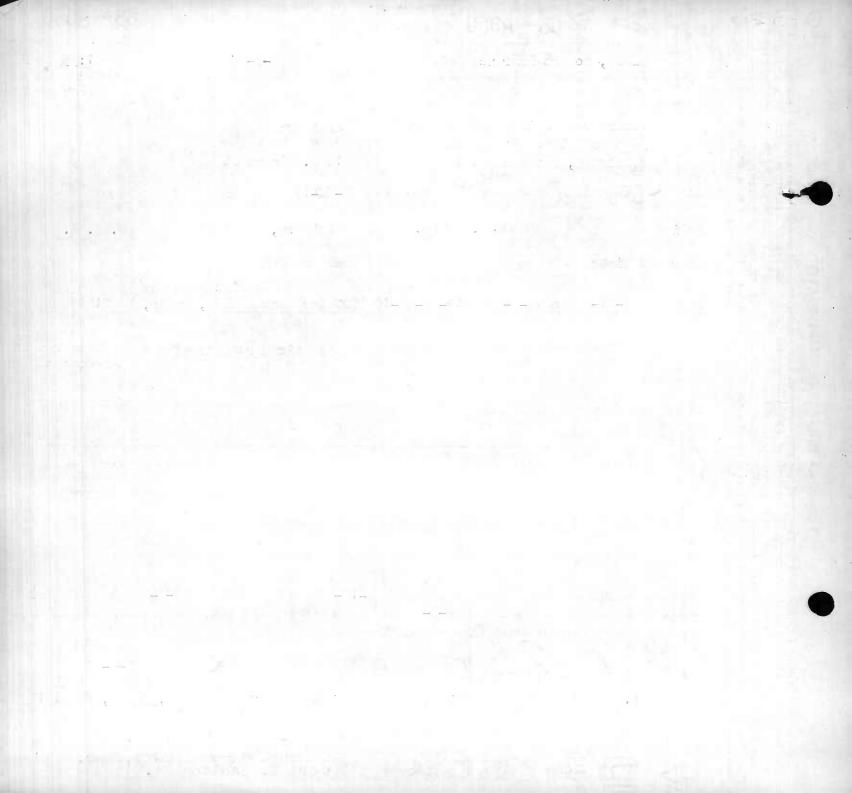


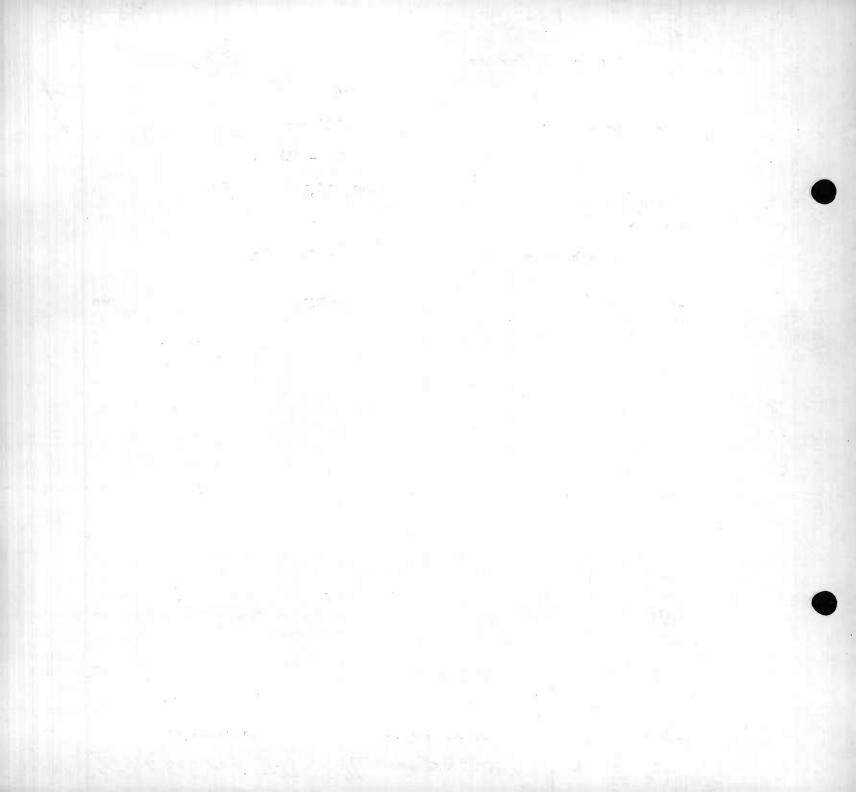
	C9- 01149	E CITY HEALTH DEPARTMENT  REG. NO.  REG. NO.
	RTH NO.	ICATE OF DEATH
	pe or Print NETTIE V. WILHELM	2. Date and Hour of Death
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institution: residence befor A. STATE B. COUNTY
FU	JLL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STRE	Md. 12-05
IN	STITUTION HOSPIME OF BACKIMORE	BALTIMORY YES NO
2	STITUTION LOSPIME OF BACTIMORE SINATI LOSPIME AT BELVEORE AVE.	E. STREET AND NUMBER
7		3147 CRITTENTON PL.
5. 5	SEX 6. RACE 7. MARRIED NEVER M	lost birthdoy) Months Doys Hours
104	A USUAL OCCUPATION (Give kind of work) 108, KIND OF BUSINESS OR INI	
	ne during most of working life, even if retired)	MARYLAND U.J.A
13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	Eli Poe	Margaret Ambrose
15.	Was Deceased Ever in U. S. Armed Forces?	17. INFORMANT ADDRESS
116	No. 215-07-6	654 William Webb Reisterstown, M
_	18. 4 4 1 21 CAUSE OF	7.0.0
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	PNEUMONIA 20
	(A) IMMEDI	OR AS A CONSEQUENCE OF:
	heart foilure, osthenio, etc. It means the disease, injury or complication which coused death.)	ON A CONSTRUCTION
	ANTECEDENT CAUSES	
	- in the state of	OR AS A CONSEQUENCE OF:
	rise to the obove couse (A) stoting the UNDERLYING CONDITION lost. (C)	
_	45 / X 11	
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	Abdominal Aneurysm Surgery - 27
CA	19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED
ERTIF		RYSM XES IN CERTIFYING CAUSES OF DEATH?
0	OR CONTRIBUTING CAUSE OF	Y (e.g., in or obout Z1 C. WHERE DID (If in Boltimore City, give exoct location treet, office bldg., INJURY OCCUR?
	DEATH (notify medical examiner) etc.)	
MEDI	21D.TIME (Month) (Doy) (Yeor) (Hour) 21E, INJURY OCCURR While At N	ED 21F. HOW DID INJURY OCCUR?
	Work L	t Work
	22. I certify that (I) (this baspital) ottended the deceased from	. 9
	that (I) (we) lost sow the deceased alive on.	19 68 ond that in(my) (our) opinion death occurred
	ond hour ond from the couses stoted obove. (1) (We) (did) (did	not) view the body ofter deoth.  238, DATE SIGNED
	May W. K. in a see	Attending Med. Staff M
	23C. PHYSICIAN'S OEGI	Phys. Director Phys. A
	NAME (Type)  D. KOLEFO	do Sinti HOO OF BACT. BA
24/	A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY	
	Burial Aug. 8, 1968 Lorraine	PArk Cem. Woodlawn, Mary law
25/		
	AND 1 1308 OF PART & TONION	H.J. Eckhardt Owings Mills,
	AUG 7 1968 258. NAME OF REGISTRAR 1968 150-REV. 1/1/68	H.J. Eclebarat Owings hull

THE WALLETTE STREET Support to the same of the sam 3147 CRITTENTON PE FRAIRE WIFIE Airma Vanin PHENNEN A Part-Abdominal American Secretary -7-9-69 PRORTIC (HONOW) MINERALLY Maril Friege no x 8-5-6 clo Sinni Har. De CALT, BAST, All PAUL D. KRIBER

	68- 8049 BALTIMORE CITY HEALTH DEPARTMENT REGINO. 68- 8049
	CERTIFICATE OF DEATH
1.1	NAME OF DECEASED (MARY ANN)
(Ty	(Pe or Print) MAE CIESLAK 8/4/68 10/0 A
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  4. USUAL RESIDENCE (Where deceosed lived, If institution; residence before odmiss B. COUNTY
FL	JLL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET MD. BALTO.
H	OSPITAL OR ADDRESS OR LOCATION)  C. CITY OR TOWN  D. INSIDE CITY LIMITS?
4	SOUTH BALTIMORE GENERAL HOSPITAL BOOK YES NO BY
	43  E. STREET AND NUMBER  1527 RITA ROAD
5.	SEX   6. RACE   7. MADDIED   NEVER MADDIED   8. DATE OF BIRTH   9. AGE (In veors   If Under 1 Yr. If Under 24
٠	F WIDOWED DIVORCED 1/22/24 lost birthday Months Doys Hours Min
	A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUN
	House WIFE-Waitress, Eastwood Inn MD. Baltimore U.S.A.
13.	FATHER'S NAME 14. MOTHER'S MAIDEN NAME
1	PNTHONY DRANKIEWICZ FRANCES JAGIELSKI
15.	Wos Deceased Ever in U. S. Armed Forces?   16. SOCIAL 17. INFORMANT ADDRESS
(Ye	s, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.
4	NO 216-16-5885 HOSPITAL RECORD  CAUSE OF DEATH  APPROXIMATE INTERV
	BETWEEN ONSET AND D
1	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
	(A) IMMEDIATE CAUSE CARCINOMA OF ESONHALIS 10 MONTH
	injury or camplication which caused death.)  METASTATIC
	ANTECEDENT CAUSES
	DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF:
	rise to the above couse (A) stating the UNDERLYING CONDITION lost.
	UNDERLYING CONDITION lost, (C)
NO	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
ATIC	TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).
FICA	19 A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes of No.) 208. IF YES, WERE FINDINGS CONSIDERED
CERTIF	10
Ü	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR?
CAL	DEATH (notify medical examiner) etc.)
MEDI	21 D. TIME (Month) (Doy) (Year) (Hour) 21 E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR?
2	(APPROX.)  While At Work  Not While At Work
	22. I certify that (I) (his haspital) attended the deceased from 7/30 1968 to 8/4 1966 that (II) (we) last saw the deceased alive an 8/4 1968 and that in (my) (aur) apinion death accurred on the
	and haur and fram the couses stated abave. (11) (We) (did) (did nat) view the body after death.
	23A. SIGNATURE  23B. DATE SIGNED
	Herbert E. Mendelsoan M. Doegree Phys. Director Director Broken 8/4/68
	23C. PHYSICIAN'S 23D. ADDRESS
	DOUTH DACTO, G-ENERAL HOSPIT
24.	A. BURIAL CREMATION, REMOVAL (Specify) 24B. DATE 24C.NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (Sto
	D 1 0 /0 // 0   1
25	Lead word A Commercial Datitions will
25.	AME 7 1054 A A & G I. A Schimunek Funeral Home. Inc.
	3331 Brehms Lane
Ē	150-REV 1/1/68







IMPORTANT

FUNERAL DIRECTOR:

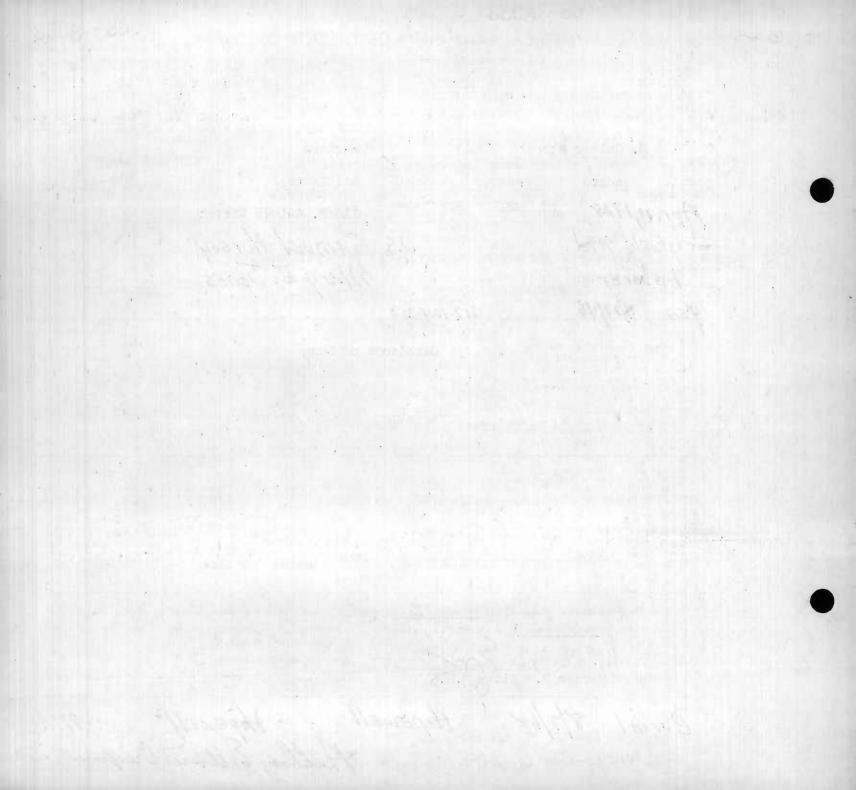
A PERSON AVERTAL Emmedical Police Centers (A.V. Bornes Control Diriginal Control Di 14-620

68- 8053 BALTIMORE CITY HEALTH DEPARTMENT

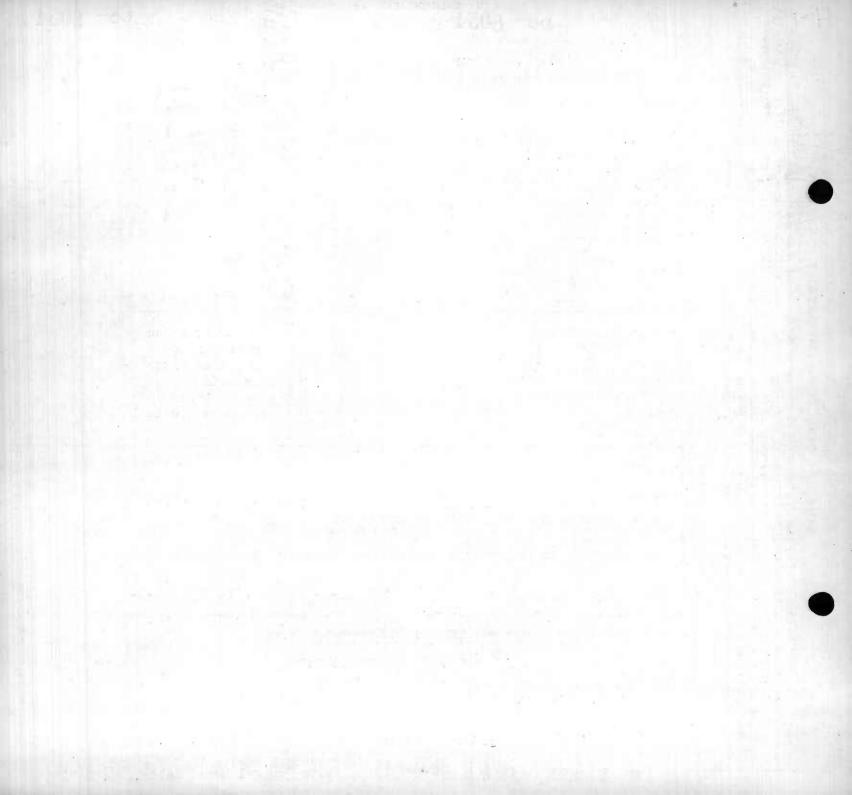
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

68- 8053

BIR	TH NO.	REG. NO	
1. P	NAME OF DECEASED	2. DATE Known Month Day	Yeor Hour
(1Ab	° CALVIN HORSEY	DEATH Estimoted & August 3, 19	968 5:00 P <sub>M</sub>
4. F	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy	Yeor Hour
FUL	L NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	PRONOUNCED DEAD August 3, 1	968 6:35 P <sub>M</sub>
	INSTITUTION ADDRESS OF EOCATION)	5. USUAL RESIDENCE (Where deceased lived. If institution: r	
0	O 116 N Oulson Change (DOA)	A. STATE B. COUNTY	The state of the s
6. 5	116 N. Culver Street (DOA)	Maryland C. CITY OR TOWN DOBSIDE CHY	HAAITCO COM
0. 3	7. RACE 8. MARRIED NEVER MARRIED		
	male negro WIDOWED DIVORCED	Baltimore YES	NO L
9. 0	DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months 1 Doys 1 Hours 1 Min.	E. STREET AND NUMBER	
	Apr. 11,1928 40	116 N. Culver Street	
11.	BIRTHPLACE (Stole or loreign country) 12. CITIZEN OF	13. FATHER'S NAME	
(	CISFIELD Med WHAT COUNTRY?	SAMUEL HOTSEY	
	.USUAL OCCUPATION (Give kind of work 148. KIND OF BUSINESS OR INDUSTR		
done	e duringmost of forking life, even il retired)	MARY E. DONES	
16	WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL		RESS
	s, no or unknown) (If yes, give wor or doles of service) SECURITY NO.		
-	465 11127146 217-124-350		APPROXIMATE INTERVAL
1	P. 162, TI CAUSE OF DEA	ille	BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY Carcing	oma of Lung	
	LEADING TO DEATH	CAUSE	
	heart failure, asthenia, etc. It means the disease,	AS A CONSEQUENCE OF:	
	Injury or complication which coused death.)		
	ANTECEDENT CAUSES (R)		
	DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO, OR	AS A CONSEQUENCE OF:	
	RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
Z	(C)		
CERTIFICATION	763 X II		
<u>o</u>	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL		
#	DISEASE OR CONDITION GIVEN IN PART 1 (A).		
3	20A. DATE OF OPERATION 208. CONDITION FOR WHICH OPERATION W	AS PERFORMED	21. AUTOPSY? (Yes or No)
	O The second sec		No
S		in or obout 22C. WHERE DID (If in Boltimore City, give exect to bldg., etc.) INJURY OCCUR?	locotion)
EDIC,	UNDERLYING OR CONTRIB- home, form, foctory, street, offi	to blog, etc., it don't occor.	
	22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED	22F. HOW DID INJURY OCCUR?	
	OF INJURY (APPROX.)  WHILE AT NO MORK AT WORK	WHILE VORK	
	23.	TORK L	
	I certify that I held an Inquiry Inspection X A	stopsy and that an this basis, death in my a	pinion
	resulted from: Natural causes X Accident Suici	de Hamicide Undetermined manner	
	1000100	CHIEF MEDICAL EXAMINER	
	ACTUAL INDO CA SOST	ASSISTANT MEDICAL EXAMINER	DATE SIGNED
	SIGNATURE MICHAEL M.	).	8/4/68
	EXAMINER'S Werner U. Spitz M.D.	ASSOCIATE MEDICAL EXAMINER	0/4/00
244	NAME (Type)  A. BURIAL CREMATION,   24B. DATE /   24C. NAME of CEMETERY	or CREMATORY 24D. LOCATION (City, town,	or county) (State)
	MOVAL (Specify)		or county) (State)
	RIVIAL 817/68 HODEL	the PEWELL	ma
		1/0/	
25/	A. DATE REC'D BY HEALTH DEPT.   25B. NAME OF REGISTRAR		DRESS
25		25C. FUNERAL DIRECTOR AD	press in Own.



VS 150-REV. 1/



		-	BALTIMORE CITY	HEALTH DEPARTMENT		00	-0
	TH NO. 68- 8	055	CERTIFICA	TE OF DEATH	REG. NO.	68-	8055
(Ту	PLACE IN BALTIMORE, MARYLAND, WHERE PL	RONOUNT	SEATO DEAD DEAD	4. USUAL RESIDENCE Where A. STATE B. COUNT	HOUR OF DEATH	ution: residence	M. e before odmission)
HC	LL NAME OF OSPITAL OR ADDRESS OR LOCATION	/.		c. CITY OF TOWN		CITY LIMITS?	NO [
1	531 Dunid Kr	ee	ane	1531down	id Hiele	ano	
	USUAL OCCUPATION (Giv kind of work 10 B. KIN a during most of working life, even if retired)	WED	DIVORCED SINESS OR INDUSTRY	B. DATE OF BIRTH  9.  11. BIRTAPLACE (Stole of foreign	ost birthdoy) 67 M	Onths Doys	If Under 24 Hrs. Hours Min. F WHAT COUNTRY?
1	FATTAR'S NAME	Part	toris	3 allun 14. Mother's Maiden NAM	orend !	, an	ę
îs. (Ye:	Was Decoded Ever in U. S. Armed Forces? s, no or unknown) (If yes, give who or dotes of ser	vice) 16	SOCIAL SECURITY NO.	17. INFORMANY	Loalon	153	RESS Druffelf
	DISEASE OR CONDITION DIRECTLY		CAUSE OF DEAT	serela Th	rombosis		N ONSET AND DEATH
	(This daes nat meen the mode of dying, heart foilure, asthenia, etc. II means the dis injury or camplication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony, rise to the abave cause (A) stating	giving	(B).	A CONSEQUENCE OF:  A CONSEQUENCE OF:	every		7
CATION	UNDERLYING CONDITION last.  3 3 2 1 OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE TERM DISEASE OR CONDITION GIVEN IN PART 1 (A).  19-A. DATE OF OPERATION 1198. CONDITION	INAL	(C)	[20 A. AUTOPSY? (Yes or No)]	20B. IF YES, WERE FINI	DINGS CONS	CIDERED.
ERTIFIC	WAS PERFORMED	)		43	IN CERTIFYING CAUSE	S OF DEATH	?
CALC	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	home, (etc.)	ACE OF INJURY (e.g., i form, foctory, street, o	n or obout 21C. WHERE DID	(If in Boltimore C	ity, give exoct	locotion)
MEDI	21D. TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.)	While Work	At Work	21F. HOW DID INJU	RY OCCUR?		100
	22. I certify that (I) (this hospital) attenthat (I) (we) last saw the deceased alive	an	luy 5	1968 and that	t in(my) (aur) apinia	n death acc	curred an the date
	and haur and from the Guses stated aba 23A, SIGNATURE 23C. PHYSICIANS	ve. (I) (I	Atte Phy	anding 77 Med. S	taff 23	B. DATE SIGN	6-68
24#	NAME (Type)  BURIAL CREMATION, 248. PATE REMOVAL (Specify)	AC. NAMI	GEGREE OF CEMETERY OF CR	1222NiCural		burn, or coun	Nd 212 H
254	Burial 8/9/68 A. DATE REC'D. BY HEALTH DEPT. 25B. NA		to Nation	25C. FUNERAL DIRECTOR	eto. ved	1A	DORESS ME CULLAR
VS	150-PEV 1/1/68	77		Willy; Could	1	01/1	CI

Little and a James Edward Section Elin Elle Herman Comme Gelon 153 11 1 woulders go. Byula 84 5 jung 3/mb) J. K. Ullum 1222N Carlante Tollend F.K. A.DAMS

MINISTER SONTE SON

Burial

4 / 68 Hay Rossey Comerces Business Allerance

VS 150-REV. 1/1/6B

BALTIMORE CITY	HEALTH DEPARTMENT	
OFF	TE OF DEATH REG. NO.	68- 8057
CERTIFICA		
HELA	3187 July 19	768 12.05Am.
RONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased live of if in A. STATE B. COUNTY	stitution: residence before admission)
NSTITUTION, GIVE STREET	MD Balt	6-05
	C. CITY OR TOWN D. INSI	DE CITY LIMITS?
16	E. STREET AND NUMBER	YES NO
1	6910 CONLEY 84. 2/220	
NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH 9. 25-86. 9. AGE (in years lost birthday) 79.	II Under 1 Yr. if Under 24 Hrs. Months Doys Hours Min.
ND OF BUSINESS OR INDUSTRY	PO LAN D	12. CITIZEN OF WHAT COUNTRY?
	14. MOTHER'S MAIDEN NAME	
	_	
1 6. SOCIAL	17. INFORMANT	ADDRESS
215 09 3357	DR. V. GANGADHARAN. MD	21231 Balto 710
CAUSE OF DEAT		APPROXIMATE INTERVAL
		BETWEEN ONSET AND DEATH
	ISE Eletrolyte Lubalar	see 9 days
e.g., (A) IMMEDIATE CAL	A CONSEQUENCE OF	//
sease, type	rtensive cardiovasenla m. congestive Heart For	N No. 1
Dise	on: conquestive Heart For	and 1004 Comme
giving (B)	A CONSEQUENCE OF:	
The	A CONSEQUENCE OF: Prunnia Bilateral	· Day
(C)	P. Now Yourse	131
TING INAL		
. 00 440 00 40 00 00 00 00 00	I No. a	
FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
TOTAL BLACE OF INTURY	TO THE PARTY OF TH	
21B. PLACE OF INJURY (e.g., i home, form, foctory, street, o otc.)	ffice bldg., INJURY OCCUR?	o City, give exoct location)
21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
White At While Work	• 🗆	
ded the deceosed from	7-28 - 196+ 10	7-31-1960
on 7~ 31 —	ond that in(my) (our) api	nion death occurred on the date
ve. (I) (We) (did) (did nor)	lew the body ofter death.	loop DAYE CICNED
2 / / Ath	ending Med. Staff Staff.	7-31-1968.
DE GREE Phy		
2 MD.	100 N Broad way Church	h Hance and Hosp
AC. NAME OF CEMETERY OF CR	EMATORY 24D. LOCATION (Ci	ty, lown, or county) (State)
HOLY NEDEEM	ER CEM. BALTIMORS	E M.D.
AME OF REGISTRAR	DEC ELINERAL DIRECTOR	ADDRESS -
177 MA	25CONERAL DIRECTOR / Lan-	2525

BY VELVAS DITT - 73 75 P POCANIE JOHN SUBSETTION 215 CO 1817 THE VORMANDAMEN WAS THE VOTAL Literature destroyed Pages Huseale Challenters where July Cash Williams Star M Mary Bally Barrer the house and the said it is Russial Elster Holy Keckenser Cum. BUT morre Mis KAMENIO L. KACKEMENISKS FREETE

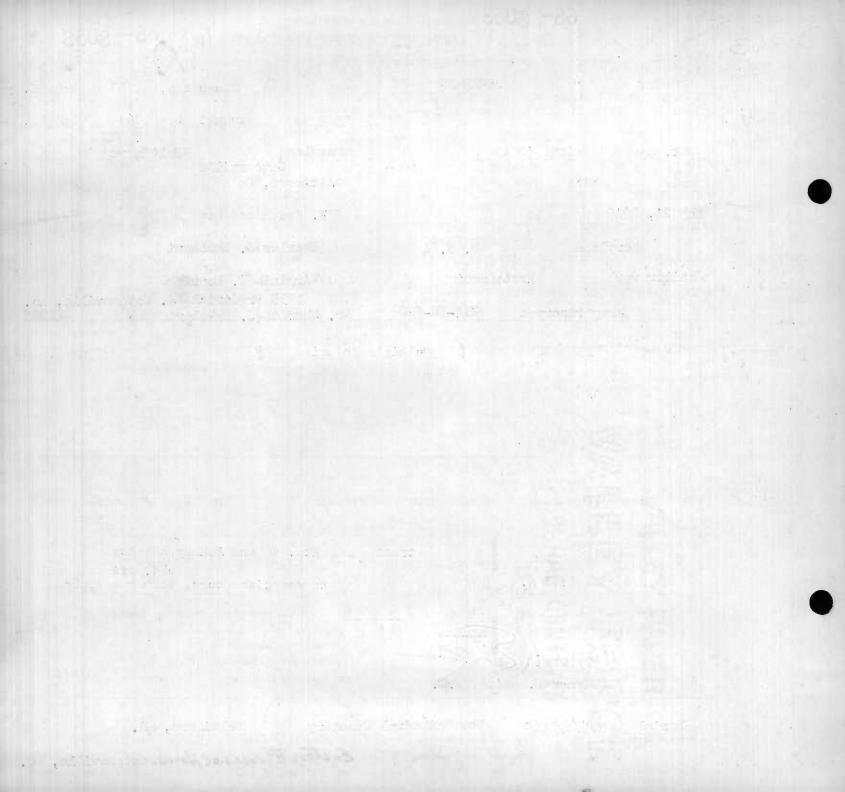
D-263

68-8058 baltimore city health department

			1 00	-0-
MEDICAL EXA	AMINER'S CERTIFI	CATE OF DEA	TH REG NO	805

BIRTH NO.	7712				0, 112 01	02/(11	REG. NO.			
1. NAME OF DEC	EASED			2. DATE	Known	Month	Day	Yeor	Hour	
(Type ROBERT			DUKEHART	OF DEATH	Estimoted X	Augus	st 4.	1968	1:40	An.
4. PLACE IN BAL	TIMORE, MARYLAND,	WHERE P	RONOUNCED DEAD	3. DATE		Month	Doy	Yeor	Hour	
FULL NAME OF HOSPITAL	(IF NOT IN HOSP ADDRESS OR LOG		TITUTION, GIVE STREET	PRONOL	JNCED DEAD	August	4.	1968	1:40	AM
OR INSTITUTION	ADDRESS ON EGG				ESIDENCE (When	e deceosed live	d. If institution			
St Ac	nes Hospital	(DOA	1	A. STATE	ryland	В.	COUNTY	imama /	1,	
6. SEX	7. RACE		RIED NEVER MARRIED		TOWN Cato	novill H	). INSIDE C	imore (		
				II.					[ <b>T</b> 27]	
male  9. DATE OF BIRTI	white	WIDOV	VED DIVORCED I		ltimore,	00	Y	ES L 1	NO 🛛	
	lost birth	loy)	Months Doys Hours Min.			1 0			100	-13
May 24,		19	LO CITIZEN OF	13. FATHER	N. Beechw	ood Koa	1		33-01	0_
	tote or foreign country)		12. CITIZEN OF WHAT COUNTRY?	13. FATHER						
	Maryland		WHAT COUNTRY?		Charles		nart			
14A. USUAL OCCU	PATION (Give kind of wo yorking, life, even if retired	71	OF BUSINESS OR INDUSTR	Y 15. MOTHE	R'S MAIDEN NA	WE				
Janitor	work	Rest	aurant		Virginia	E. Dee:	ring			
16. WAS DECEAS	ED EVER IN U.S. ARM	ED FORCES	SP 17. SOCIAL SECURITY NO.	18. INFORA	MANT 1835 F	rederic	k Rd. A	DDRESS Ca Longs	rille.	Md
(1 83, 110 01 0111110 11)	Army resen		214-50-8826	Mr.	Charles			00110	21	228
19. = 0	10.		CAUSE OF DEA		Ond Top	Dunc			PROXIMATE INTE	
= 01	0,01							PEIVA	IEN UNSET AND	DEATH
	E OR CONDITION DIF LEADING TO DEATH	ECTLY		le Inju	ries					
(This does n	ot mean the made of	dying, e.g.,	(A)IMMEDIATE	AS A CONSEQ	UENCE OF:					
heort foilure	, osthenio, etc. It meons t aplication which coused o	he diseose, e oth.)								
	NTECEDENT CAUSES		(B)	10100000						
RISE TO THE	OR CONDITIONS, IF A	YY, GIVING ATING THE		AS A CONSE	JUENCE OF:					
IINDERLYIN	NG CONDITION LAST		(c)			700007770				
OTHER SIGN TO THE DE DISEASE OR 20A. DATE OF	3 4 11									
OTHER SIGN	IFICANT CONDITIONS									
DISEASE OR	ATH BUT NOT RELATED T CONDITION GIVEN IN					****				
20A. DATE OF	OPERATION 208. C	NOITION	FOR WHICH OPERATION W	AS PERFORM	ED			21. AUTO	PSY? (Yes or	No)
0	5-17 V							7	<i>les</i>	
ZZA. EXTER	NĄJ. CAUSE WAS		22B. PLACE OF INJURY (e.g.,	in or obout 2	2C. WHERE DID	(If in Boltimore	City, give ex	oct locotion)	63.1	1 2
	OR CONTRIB-		home, form, foctory, street, officers		Rte. 40	and John	nnvcak	e Road	0000	V
≥ 22D. TIME	USE OF DEATH. (Month) (Doy) (Ye	ear) (Hou			2F. HOW DID IN				or foi	1 o d
OF INJURY (APPROX.)	/4/68 1:05			T WHILE X	to negoti	ate tur	n etr	uck tel	lenhone	no1
23.	7 . 7 00 = 100		m. WORK AT V	WORK LX	to negoti	ace car	1, 501	uck cc.	cphone	POI
	ify that I held an	Inquiry [	Inspection A	utapsy X	and that an i	this basis, d	eath In my	oninian		
1 1/2			T3							
result	ted from: Notural co	uses C	Accident LAV Suici		micide 🔲	Undetermine				
ACTUAL	110000	1.	1		CHIEF MEDICAL		11.		DATE SIGNE	D
SIGNATI		ME	M.I.	D. ASSI	STANT MEDICAL	EXAMINER L	X		8/4/68	
EXAMIN	MeLiel	U. Sp	1)z, M.D	ASSC	CIATE MEDICAL	EXAMINER _			0/4/00	
NAME (1	ype)		-	CDEMATO	ny lash	LOCATION	10:1-1-1		15	
24A. BURIAL CREA REMOVAL (Speci	MATION, 24B. DATE		24C. NAME of CEMETERY			LOCATION	(City, fow	n, or county)	(Stote)	,
Burial	8/6/1	968	New Cathedra	1 Cemete	ery	Baltin	nore, N	Md.		
25A. DATE REC			IAME OF REGISTRAR	25C,	UNERAL DIRECT	OR	1	ADDRESS		
	3 1000	المالا	to E. tarleyna	Eas	ston Fue	meine	Nome	Catons	ville	Ma
L					0 0	, ,	7	- C 00110	VIII.09	T.S.L.
VS 151-REV. 1/1/68	1/ )	64,	0 .							V

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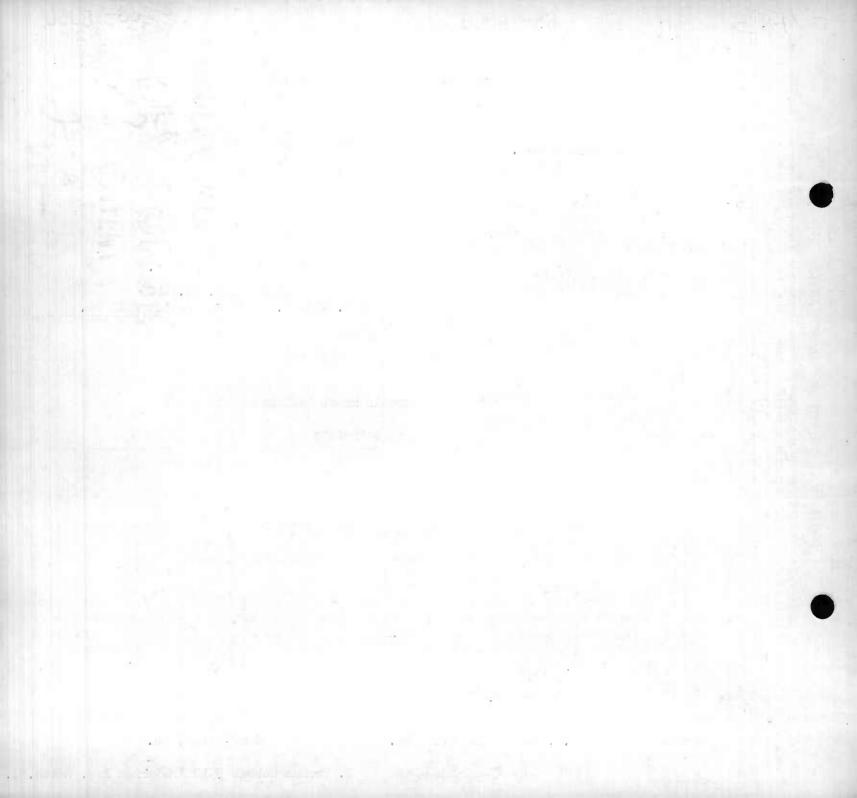


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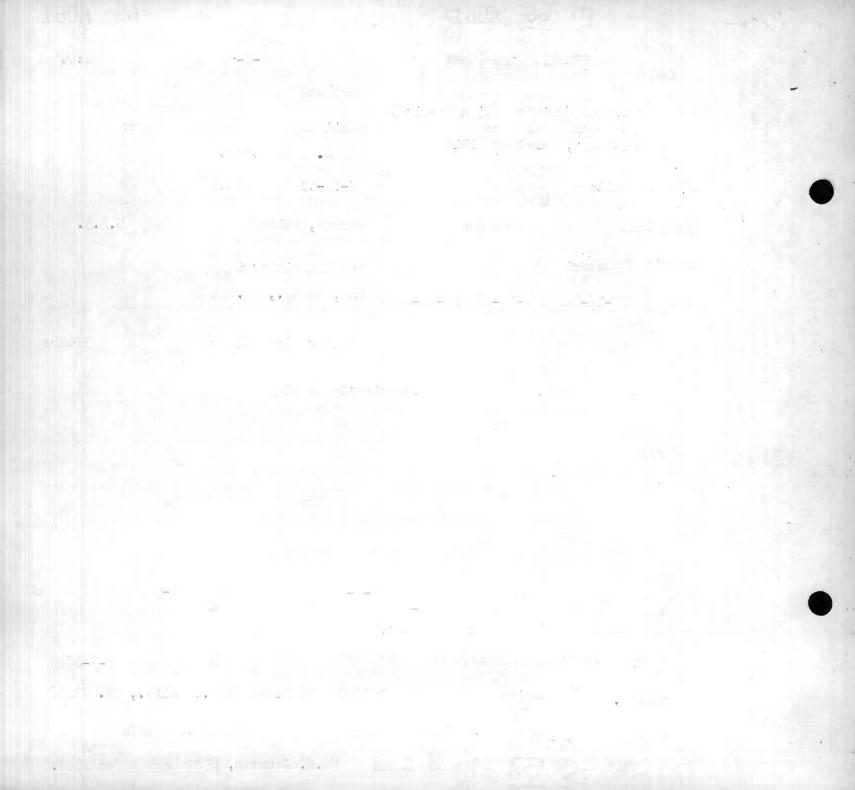
BALTIMORE CITY HEALTH DEPARTMENT

20 Proposition of the Good Landman con stille Warte 3-21-11 57 Salesman banknom ZOINTOM addays A andport bramb3 Mysecratal Intersection Acreem died deren 8-8-8-90 ON LONG CONTRACT 25110 SHAN AN FILE

VS 150-REV. 1/1/68



VS 150-REV. 1/1/68



2		6	8- 806	CERTIFICA	ATE OF I	DEATH	REG. NO	68-	8062
1.N	TH NO.						ND HOUR OF DE	ATH	
3. (Typ	Thous	son mutel				Au	cust 3 19	68 3	-18 M.
3. 1		TIMORE MARYLAND,	WHERE PRONOL	INCED DEAD	4. USUAL RE		e deceased Kved.	If institution; reside	ence before admission)
HC	LL NAME OF	(IF NOT IN HOSPI ADDRESS OR LOC	TAL OR INSTITU	JTION, GIVE STREET	Mary	Caul.	Howar	INSIDE CITY LIMIT	63-00
liv.	,				Sava	0.0		YES 🗍	NO Y
it	4 Union	Memoral	Hospital	•	E. STREET AN	NUMBER			
/	1				BOX	294.			
5. S	EX	6. RACE	7. MARRIED	NEVER MARRIED	B. DATE OF B	IRTH	9. AGE (In years lost birthdoy)	If Under 1 Months: Do	
	F	ω	WIDOWED	DIVORCED	09-2	7-40	27		110013
		JPATION (Give kind of wo		BUSINESS OR INDUST			eign country)	12. CITIZEN	OF WHAT COUNTRY?
don		warking life, even if retired)	1	_	Ohio			U:	c A
13.	FATHER'S NAM			inc		S MAIDEN NA	ME	0.	,,,
	Ea		11			4	Campbell.		
2.5		Chip.	,	15 /			umpon		
		(If yes, give wor or do		1 6. SOCIAL SECURITY NO.	17. INFORMAN	) . / · -	t tolde	/ + AD	DRESS
1	Unle.			49-35-99	1	atien	+0(4c	hait	
	18. (-7)	9		CAUSE OF DEA	TH				PPROXIMATE INTERVAL
	DISEAS	E OR CONDITION D	IRECTLY		E	Laugu	mation	- BETW	EEN ONSET AND DEATH
		LEADING TO DEATH		(A)IMMEDIATE CA	1	at it fo	<del>ul</del> m.		2-3445
		at mean the made a asthenia, etc. It mean		DUE TO, OR A	S A CONSEQUEN	CE OF:			
		plicalian which cause			0		0	4	
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	DISEASES O	R CONDITIONS, if	any, giving	DUE TO, OR A	S A CONSEQUE	NCE OF:	Λ.	00	w 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
		abave cause (A) CONDITION last.	slating the	a ela		Carsui	Legalit	2	5-10 ms
				(C)	Thurst we		7		
z	581.0		ANITRIBILITING						
ATION	TO THE DEAT	H BUT NOT RELATED TO	THE TERMINAL						
	19 A. DATE OF	OPERATION 198. CO	NDITION FOR V	VHICH OPERATION	20 A. AUTO	PSY? (Yes or N		ERE FINDINGS CO	NSIDERED
ERTIFIC	1) hos	WAS PE	RFORMED	hope.				CAUSES OF DEA	TH?
CER	21A. ACCIDEN	T WAS UNDERLYING	218.	PLACE OF INJURY (e.g.	in or obout 21 C.	WHERE DID	(If in Bolt	imore City, glve ex	oct locotion)
AL	OR CONTRIBU	TING CAUSE OF medical examiner	hom etc.)	e, form, foctory, street,	office bldg., INJU	-	10		
U	21D. TIME	(Month) (Doy) (Yeor	No	INJURY OCCURRED	215	HOW DID IN.			
MEDI	OF INJURY		Whi	le At Not W	ile 🗂		JORT OCCUR:		
	(APPROX.)		No Wor		k L NU	No	N. Carrier		
	22. I certify	that (1) (this haspite	al) attended th	ne deceased fram	July	150	19 68 ta F	lug 3	196.8
	that (1) (we)	last saw the deceas	ed alive an	Aug 3	19.68	and th	nat in (my) (aur)	apinlan death a	ccurred an the date
	and have and	fram the causes st	ated abave. (I	(We) (did) (did nat)	view the bady	after death.			
	23A. SIGNATU		Δ.					238, DATE S	IGNED
	2	- BO.	.0		tending	Med.	Staff Phys.		
-	23C. PHYSICIA	La Mi	oc m	GEGREE PI	23D. ADDRESS.	Director L		Huj	3 1968.
	NAME	Be BRIAN BL	OCK		1 IH	E UNIO	N MEMORI	AL HOSPI	TAL
	15	CIANIBLO	CK	DEGRI					
244	REMOVAL (S	MATION, 248. DATE	24C. N	ME of CEMETERY of C		24D. L	OCATION	(City, town, or co	(Stote)
1	Suri	0 8-1-	68 N	a line 1	0 T.	1 7	calta.	C.	1
25.4	DATE BECID	7 0-0		y Marie	- well	11			
ZDA	. DATE REC'D	BY HEALTH DEPT.	25B. NAME C	FREGISTRAR	25C. FUNE	RAL DIRECTO	R	,	ADDRESS
(DA	L. DATE REC D	AUG 7 1968	25B, NAME C	F REGISTRAR	25C. FUNE	RAL/DIRECTO	T. D.	eda K	ADDRESS Sal

Saul prom symmet. Yabigital Annuarin Camid Fre po 04-55-40 diam'r. Makel Campbell 1-23 Patrent & old chat 17-72-99 Some providence Per Musetw Gueleron charme religion | legislation -Bur Shot was 17.4 30.00

AUG 7 1968

VS 150-REV. 1/1/68

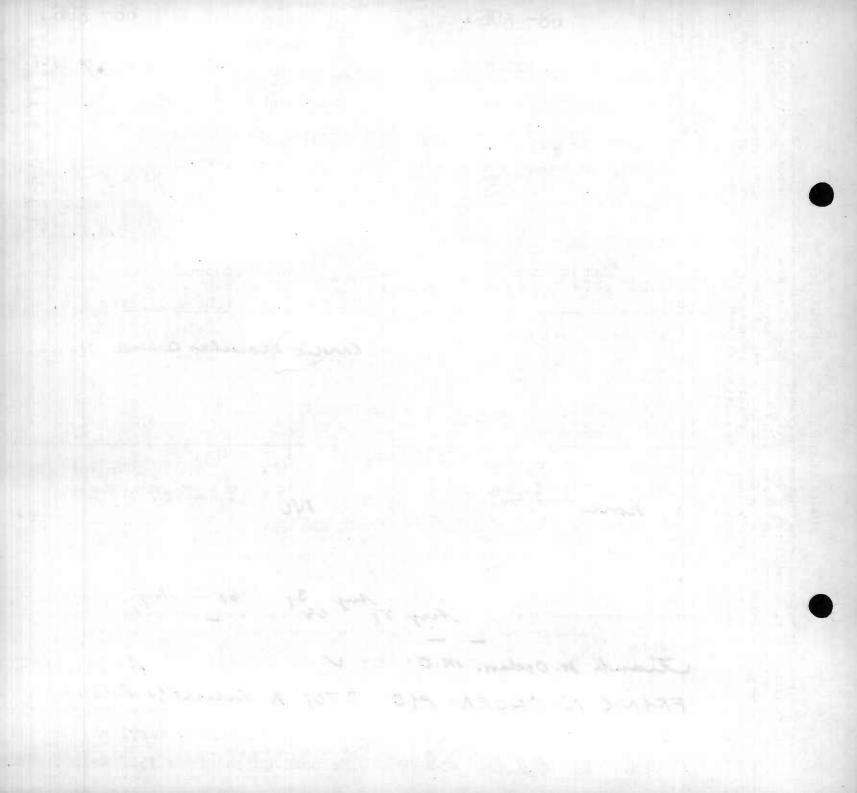
Pleat & Falley MA

FUNERAL DIRECTOR: IMPORTANT

		00	0000	BALTIMORE CITY	HEALTH DEPARTMEN	Т	68- 8063
		68	- 8063	CERTIFICA	TE OF DEATH	REG. NO	00- 8003
, N	H NO. AME OF DEC	EASED			2. DATI	AND HOUR OF DEATH	
Тур	e or Print)	Hattie	Wright.			Aug 5.	1968   7.30 A.
3. P	LACE IN BAL	TIMORE, MARYLAND, W	HERE PRONOUN	NCED DEAD		Where deceased lived. If i	institution: residence before admissio
FUL HO	L NAME OF	(IF NOT IN HOSPIT	AL OR INSTITUT	TION, GIVE STREET	Maryland c. CITY OR TOWN	D. IN	SIDE CITY LIMITS?
N 3		Kenson Nurs	sing Hor	ne	Baltimor	20	YES X NO
/		2922 Arunah			E. STREET AND NUMBE		
					516 Frem	ont Ave.	
5. SE	EX	6. RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years lost birthdax)	Months Doys Hours Min.
F	emale	Negro	WIDOWED		July 9, 188	80	TVIOLINIS DOY'S TITOUTS TVIIII.
		JPATION (Give kind of work	108 KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF WHAT COUNT
lane	during most of	working life, even if retired)			Md.		II C A
3. F	ATHER'S NA	ME			14. MOTHER'S MAIDEN	NAME	U.S.A.
EV	V D-	Thomas R	ice	4 50011	Graei	ie Johnson	ADDRESS
Yes,	no or unknown	(Il yes, give wor or dote	s of service)	6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	No				Lester Ric	e 1006 Ar	lington Ave.
	18. 4/	2 1/_		CAUSE OF DEATH			APPROXIMATE INTERVAL BETWEEN ONSET AND DEA
	rise to the	OR CONDITIONS, if above cause (A) CONDITION last.		(C)	A CONSEQUENCE OF:		
ATION	4221 OTHER SIGNIF TO THE DEAT DISEASE OR C	II  ICANT CONDITIONS CO  H BUT NOT RELATED TO T  ONDITION GIVEN IN PAR	HE TERMINAL		1204	N.J. con	
TIFIC		OPERATION 198. CON WAS PER	FORMED	HICH OPERATION	20A. AUTOPSY? (Yes		AUSES OF DEATH?
-1	2TA. A CCIDEI OR CONTRIBL	NT WAS UNDERLYING TING CAUSE OF	218. P home, etc.)	PLACE OF INJURY (e.g., i , form, foctory, street, of	n or obout 21 C. WHERE DI	D (If In Soltimo	ore City, give exact location)
0	21 D. TIME OF INJURY	(Month) (Doy) (Year)	(Hour) 21E, I	INJURY OCCURRED	21 F. HOW DID	INJURY OCCUR?	
5	(APPROX.)		While		e 🔲		
	22 1 certify	that (1) (this hospital				1968 to 1	Eur 5. 10/C
ľ	that (1) (we)	last saw the decess	d alive as	4	1060	d that in (mu) (aux)	oinian death accurred an the d
							man avam accorred an the a
	and haur and		red abave. (1)	(we) (did) (did nat) v	iew the bady after dec	ith.	1228 DATE SIGNED
4	-		,	m A - Atte	nding Med.	□ Staff □	23 B. DATE SIGNED
		ule n. O	scen.		nding Med. Director	☐ Phys. ☐	406.6,196
- 1	23C. PHYSICIA NAME (T	N°S vpe)			23D. ADDRESS		ce Malta red.
244	FRA.	MATION, 24B. DATE	OGO E	ME of CEMETERY OF CRE	2701 N	P. LOCATION "	AUG. 6, 196 Sx Balto. md- Z12 (8 City, tawn, or county) (State)
	Burial			Auburn		Baltimore, I	

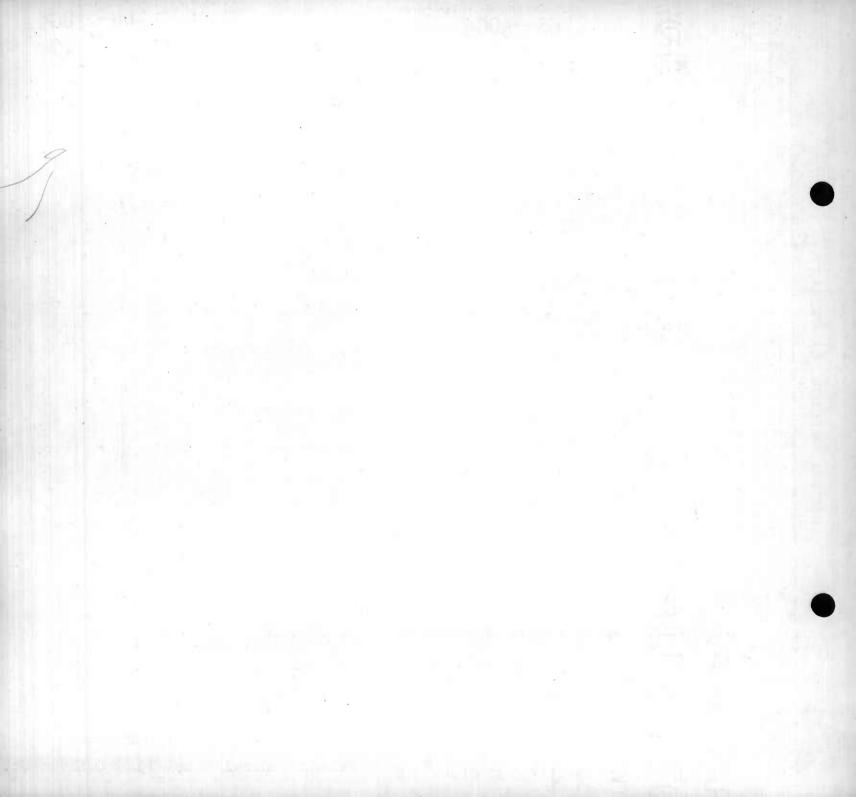
Calhoun St.

Z5C. FUNERAL DIRECTOR
Kelson Funeral Home 1348



BIRTH NO.	68- 8064 CERTIFIC	2. DA1	E AND HOUR OF DEATH	33
	exel louis		80-2	nstitution: residence before odmi
	LAND, WHERE PRONOUNCED DEAD  N HOSPITAL OR INSTITUTION, GIVE STREET OR LOCATION)	A. STATE B. C	B4140	SIDE CHARIMITS?
University	Hospital	E. STREET AND NUMB	. 1	YES MO
S. SEX 6. RACE		1-20-11	9. AGE (In years lost birthday)  57	If Under 1 Yr. If Under 24 Months Doys Hours N
done during most of working life year.  DAVIDSON CHEE	ind of work 108, KIND OF BUSINESS OR INDUSTRICT  CICAL CURKIS BAY, MA	md		12. CITIZEN OF WHAT COU
3. FATHER'S NAME		14. MOTHER'S MAIDEN		
SPENCEIZ			SNAC	
5. Was Deceased Ever in U. S. Yes, no or unknown) (If yes, give w	Armed Forces? or or doles of service)  16. SOCIAL SECURITY NO.	17. INFORMANT	1153 What co	address
injury or complication which				
DISEASES OR CONDITION TISE IN THE OBOVE CONDITION UNDERLYING CONDITION	CAUSES  NS, if ony, giving DUE TO, OI of the lost.  ONS CONTRIBUTING	R AS A CONSEQUENCE OF:		
DISEASES OR CONDITION TISE IO THE OBOVE CONTINUE OF THE OBJECT OF THE OB	CAUSES  NS, if ony, giving DUE TO, OF SEE (A) stoting the lost. (C)	20A. AUTOPSY? (Yes	or No) 20B, IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
ANTECEDENT  DISEASES OR CONDITION  IISE IO THE OBOVE COU  UNDERLYING CONDITION  OTHER SIGNIFICANT CONDITI  TO THE DEATH BUT NOT RELL  DISEASE OR CONDITION GIVE  19A. DATE OF OPERATION  17 - 24 - 65	CAUSES  NS., if ony, giving Sise (A) stoting the lost.  ONS CONTRIBUTING ATED TO THE TERMINAL EN IN PART 1 (A).  198. CONDITION FOR WHICH OPERATION WAS PERFORMED (SSUIT & IABNUM REVING 218. PLACE OF INJURY, stree E OF home, form, foctory, stree	20A. AUTOPSY? (Yes	ID (If in Baltimor	FINDINGS CONSIDERED AUSES OF DEATH?
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ANTECEDENT  DISEASES OR CONDITION  ITSE IO THE OBOVE CONDITION  OTHER SIGNIFICANT CONDITION  OTHER SIGN	CAUSES  NS, if ony, giving DUE TO, OI  see (A) stoting the lost.  CONS CONTRIBUTING ATED TO THE TERMINAL EN IN PART 1 (A).  198. CONDITION FOR WHICH OPERATION WAS PERFORMED  (SSUE CIABME RLYING E OF lee)  218. PLACE OF INJURY (Chome, form, foctory, stree etc.)  (Year) (Hour)  218. INJURY OCCURRED While At Not Work  Not Work  hospital) ottended the deceased from	20 A. AUTOPSY? (Yes  OC. G., in or obout 21 C. WHERE D t, office bidg., INJURY OCCU  While  While	ID (If in Baltimon	
ANTECEDENT  DISEASES OR CONDITION  ITSE IO THE OBOVE COUNDERLYING CONDITION  OTHER SIGNIFICANT CONDITION  OTHER SIGNIFICANT CONDITION  OTHER SIGNIFICANT CONDITION  OTHER SIGNIFICANT CONDITION  TO THE DEATH BUT NOT RELL  DISEASE OR CONDITION GIVE  19A. DATE OF OPERATION  21A. ACCIDENT WAS UNDE  OR CONTRIBUTING CAUS:  DEATH (notify medical examin  21D. TIME OF INJURY (APPROX.)  22. 1 certify that (1) (this  that (1) (we) last saw the	CAUSES  NS, if ony, giving use (A) stoting the lost.  ONS CONTRIBUTING ATED TO THE TERMINAL EN IN PART 1 (A).  198. CONDITION FOR WHICH OPERATION WAS PERFORMED  (SQUE C ABMC RLYING 218. PLACE OF INJURY (e home, form, foctory, stree etc.)  (Year) (Hour) 21E. INJURY OCCURRED  While At Not Work  hospital) ottended the deceased from deceased alive an Square Squ	20 A. AUTOPSY? (Yes 20 C. MO  .g., in or obout 21 C. WHERE D t, office bldg., INJURY OCCU 21 F. HOW DIE While  4-3-69  19 gr	O INJURY OCCUR?	re City, give exoct location)
ANTECEDENT  DISEASES OR CONDITION  TISE IO THE OBOVE COUNDERLYING CONDITION  OTHER SIGNIFICANT CONDITIO	CAUSES  NS, if ony, giving DUE TO, OI  see (A) stoting the lost.  CONS CONTRIBUTING ATED TO THE TERMINAL EN IN PART 1 (A).  198. CONDITION FOR WHICH OPERATION WAS PERFORMED  (SSUE CIABME RLYING E OF lee)  218. PLACE OF INJURY (Chome, form, foctory, stree etc.)  (Year) (Hour)  218. INJURY OCCURRED While At Not Work  Not Work  hospital) ottended the deceased from	20 A. AUTOPSY? (Yes 20 C. MO  .g., in or obout 21 C. WHERE D t, office bldg., INJURY OCCU 21 F. HOW DIE While  4-3-69  19 gr	O INJURY OCCUR?	inian death occurred an th
NOTION OF THE PROPERTY OF THE	CAUSES  NS, if ony, giving use (A) stoting the lost.  ONS CONTRIBUTING ATED TO THE TERMINAL EN IN PART 1 (A).  198. CONDITION FOR WHICH OPERATION WAS PERFORMED  (SQUE C ABMC RLYING 218. PLACE OF INJURY (e home, form, foctory, stree etc.)  (Year) (Hour) 21E. INJURY OCCURRED  While At Not Work  hospital) ottended the deceased from deceased alive an Square Squ	20 A. AUTOPSY? (Yes  20 A. AUTOPSY? (Yes  21 F. HOW DID  While  21 F. HOW DID  While  19  19  19  Attending  Med. Phys.  Med. Director	O INJURY OCCUR?	re City, give exoct location)
ANTECEDENT  DISEASES OR CONDITION  ITSE IO THE OBOVE COUNDERLYING CONDITION  OTHER SIGNIFICANT CONDITIO	CAUSES  NS., if ony, giving use (A) stoting the lost.  ONS CONTRIBUTING ATED TO THE TERMINAL EN IN PART 1 (A).  198. CONDITION FOR WHICH OPERATION WAS PERFORMED  (SQUE C ABM RETING E OF Left  OYeor) (Hour)  218. PLACE OF INJURY (C home, form, factory, stree etc.)  While At Not Work  Not Work  Not Work  Not Work  Me) (did) (did not DEGREE	20 A. AUTOPSY? (Yes  20 C. MO  .g., in or obout 21 C. WHERE D t, office bidg., INJURY OCCU  21 F. HOW DID  While  19  19  ar  or) view the body after de  Attending Med. Phys.  23 D. ADDRESS  CREE	ID (If in Baltimon R?)  INJURY OCCUR?  19 to 9 and that in (my) (our) opinath.  Shaff Phys.   CSCYY HC	inian death occurred an the
ANTECEDENT  DISEASES OR CONDITION  TISE IO THE OBOVE COUNDERLYING CONDITION  OTHER SIGNIFICANT CONDITIO	CAUSES  NS., if ony, giving use (A) stoting the lost.  ONS CONTRIBUTING ATED TO THE TERMINAL EN IN PART 1 (A).  198. CONDITION FOR WHICH OPERATION WAS PERFORMED  (SQUE C ABM RETING E OF Left  OYeor) (Hour)  218. PLACE OF INJURY (C home, form, factory, stree etc.)  While At Not Work  Not Work  Not Work  Not Work  Me) (did) (did not DEGREE	20 A. AUTOPSY? (Yes  20 C. MO  .g., in or obout 21 C. WHERE D t, office bidg., INJURY OCCU  21 F. HOW DID  While  19  19  ar  or) view the body after de  Attending Med. Phys.  23 D. ADDRESS  CREE	O INJURY OCCUR?  19 to Order  ath.  Shaff Phys.	inian death occurred an the
DISEASES OR CONDITION  DISEASES OR CONDITION  IN OTHER SIGNIFICANT CONDITION  TO THE DEATH BUT NOT RELL  DISEASE OR CONDITION GIVE  19A. DATE OF OPERATION  OR CONTRIBUTING CAUS  DEATH (notify medical examination)  CAUS  CALL	CAUSES  NS, if ony, giving use (A) stoting the lost.  ONS CONTRIBUTING ATED TO THE TERMINAL EN IN PART I (A).  1978. CONDITION FOR WHICH OPERATION WAS PERFORMED  (SSUE CIABMIC AND	20A. AUTOPSY? (Yes  20A. AUTOPSY? (Yes  21F. HOW DIE  While  19  19  19  19  Attending  Attending  Attending  ATTENDED  23D. ADDRESS  SREE  CREMATORY  22C. FUNERAL DIRE	ID (If in Baltimon R? (If in Baltimon R? (If in Baltimon R) (If in Bal	inian death occurred an the

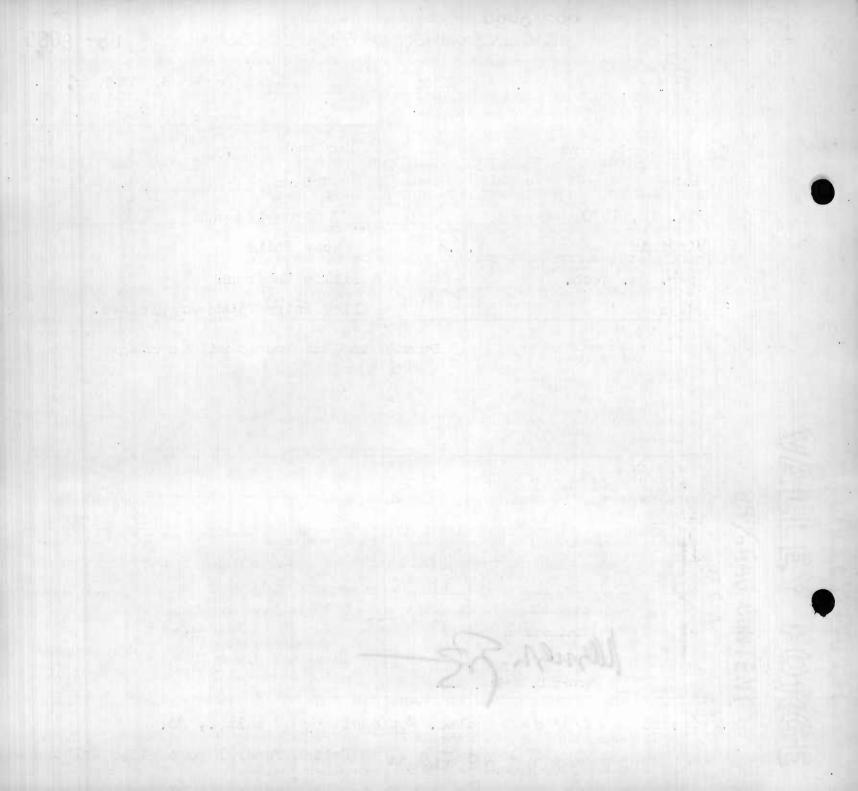
BALTIMORE CITY HEALTH DEPARTMENT

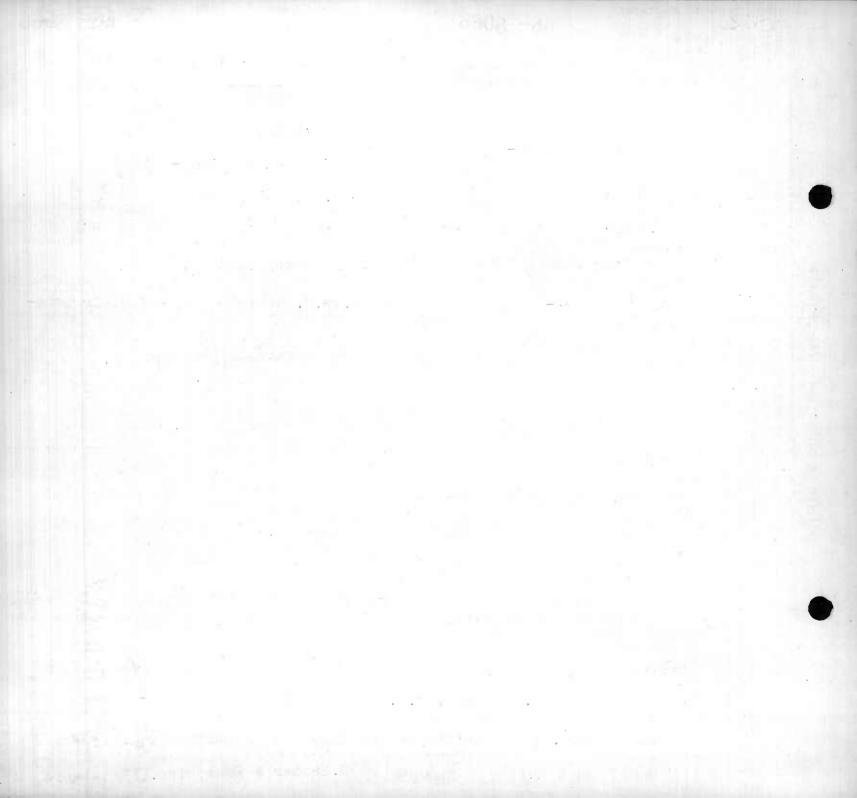


8-200

68- 8065 BALTIMORE CITY HEALTH DEPARTMENT

DIRTH NO	MEDICA	L EXAMINER'S	CERTIFICATE OF	DEATH REG. NO.	68- 8065
I. NAME OF DECEASED			In DATE # CV	M d 5	v C.
(Type or Print) MILTON	C.	PAIGE	2. DATE Known A. OF DEATH Estimated	August 6,	1968 6:10 A.
4. PLACE IN BALTIMORE, MA		RONOUNCED DEAD	3. DATE	Month Doy	Yeor Hour
HOSPITAL ADDRE	T IN HOSPITAL OR INS	STITUTION, GIVE STREET	PRONOUNCED DEAD	August 6,	1968 6:10 A.
OR INSTITUTION			5. USUAL RESIDENCE (Where A. STATE Maryland	e deceosed lived. If institution B. COUNTY	: residence before odmission)
1028 Argyle Av			ll	11	
6. SEX 7. RACE	8. MAR	RIED NEVER MARRIED	C. CITY OR TOWN	D. INSIDE CI	TY UMILS?
male negr		WED DIVORCED	Baltimore	YE	s X NO 🗆
9. DATE OF BIRTH	10. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months 1 Doys 1 Hours 1 Min.	E. STREET AND NUMBER		
Jun. 12, 1920		CITIZENIOE	1028 Argy1	e Avenue	
11. BIRTHPLACE (Stote or foreign Virginia)	n country)	WHAT COUNTRY?	Oscar Paig	· e	
	kind of work 14B. KIN		15. MOTHER'S MAIDEN NA		
oper. Rm. Tec	en ifretired)		Lillie Robi		
16. WAS DECEASED EVER IN		S? 117. SOCIAL	18. INFORMANT		DRESS
Yes, no or unknown) (if yes, give w	vor or dates of servic	SECURITY NO.	Alice Paige	1028 Argyl	
19. / 01 0		CAUSE OF DEA			APPROXIMATE INTERVAL
4517					BETWEEN ONSET AND DEA
DISEASE OR COND		Intrace	rebral and Subar	achnoid Hemorr	hage
LEADING TO		(A) IMMEDIATE C		70 70 <del>70 70 70 70 70 70 70 70 70 70 70 70 70 7</del>	
heart failure, asthenia, etc.	It meons the disease,		AS A CONSEQUENCE OF:		
injury or complication which	in coused de oin.)				
DISEASES OR CONDITION	ONS, IF ANY, GIVING		AS A CONSEQUENCE OF:	8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8	
UNDERLYING CONDITI	ON LASI.	(C)		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
OTHER SIGNIFICANT CONTOUR PROPERTY OF THE DEATH BUT NOT DISEASE OR CONDITION  20A. DATE OF OPERATION	RELATED TO THE TERM	MINAL			
20A. DATE OF OPERATION	· ·	FOR WHICH OPERATION W	AS PERFORMED		21. AUTOPSY? (Yes or No)
5/2					Voc
22A. EXTERNAL CAUSE		228. PLACE OF INJURY(e.g.,	in or obout 22C. WHERE DID e bldg., etc.) INJURY OCCUR?	(If in Boltimore City, give exo	Yes
UNDERLYING OR CON		, some, tarm, tociory, street, onc	e biag., etc.) INJORT OCCOR!		
22D. TIME (Month) (D OF INJURY	oy) (Year) (Ho	22E.INJURY OCCURRED	22F. HOW DID IN	JURY OCCUR?	
(APPROX.)			WHILE ORK		
23.					
I certify that I he	eld on Inquiry			his basis, death in my	opinian
	[-2]	Accident Suicio	le Homicide	Undetermined manner	
resulted from: N	atural causes 📝				_
11 10	atural causes 🔝	6)	CHIEF MEDICAL	EXAMINER	
ACTUAL 10	swish.	55	CHIEF MEDICAL	[99]	DATE SIGNED
ACTUAL SIGNATURE	such.	52 M.D	CHIEF MEDICAL	EXAMINER X	
ACTUAL SIGNATURE	erner U. Sp	52 M.D	ASSISTANT MEDICAL	EXAMINER X	DATE SIGNED
ACTUAL SIGNATURE EXAMINER'S NAME (Type)  24A. BURIAL CREMATION, 2 REMOVAL (Specify)	erner U. Sp	icz, M.D.	CHIEF MEDICAL ASSISTANT MEDICAL ASSOCIATE MEDICAL Gr CREMATORY 24D.	EXAMINER   EXAMINER   LOCATION (City, town	DATE SIGNED
ACTUAL SIGNATURE EXAMINER'S NAME (Type) 24A. BURIAL CREMATION, 2 REMOVAL (Specify)	zulh.	icz, M.D.	CHIEF MEDICAL ASSISTANT MEDICAL ASSOCIATE MEDICAL Gr CREMATORY 24D.	EXAMINER X	DATE SIGNED 8/6/68
ACTUAL SIGNATURE EXAMINER'S NAME (Type) 24A. BURIAL CREMATION, 2 REMOVAL (Specify)	erner U. Sp 48. DATE 8/9/68 DEPT. 258. I	itz, M.D.  4C. NAME of CEMETERY Balto. Nati	CHIEF MEDICAL ASSISTANT MEDICAL ASSOCIATE MEDICAL Gr CREMATORY 24D.	examiner X examiner City, town Balto., Md.	DATE SIGNED  8/6/68  , or county) (Stote)
ACTUAL SIGNATURE EXAMINER'S NAME (Type)  24A. BURIAL CREMATION,   2 REMOVAL (Specily) Burial	erner U. Sp 48. DATE 8/9/68 DEPT. 258. I	itz, M.D.  4C. NAME of CEMETERY Balto. Nati	CHIEF MEDICAL ASSISTANT MEDICAL ASSOCIATE MEDICAL Gr CREMATORY 24D. Onal E	examiner X examiner City, town Balto., Md.	DATE SIGNED 8/6/68





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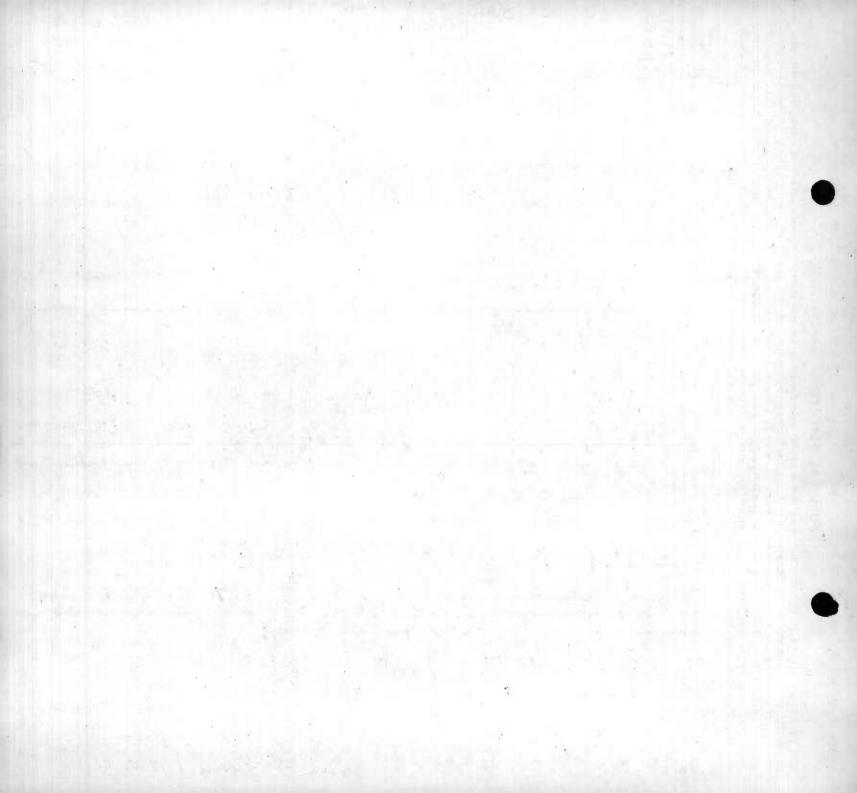
68- 8067 BALTIMORE CITY HEALTH DEPARTMENT

	18	100.	MED			AMINER'S			DEAT	H REG NO	68-	8067	
_	TH NO. 60	13966 EASED	)				2. DATE	Known X	Month	Doy	Yeor	Hour	
(Тур	e or Print)	LOUIS F	AT.PH	SAGHY			OF DEATH	Estimoted	8	7	68	8:50	а.,
4. F	LACE IN BAL				RONOU	NCED DEAD	3. DATE		Month	Doy	Yeor	Hour	M.
HOS	L NAME OF	(iF NO	T IN HOSPIT	AL OR INS	TITUTION	I, GIVE STREET		SIDENCE (Where	Augus		1968		a M.
0	0427	S. Pula	ski St	t.			A. STATE	Maryland		B. COUNTY			,
6. S	SEX 7. RACE 8. MARRIED NEVER MARRIED							TOWN		D. INSIDE	TY LIMITS?	2	
	Male	White		WIDOV	VED 🗌	DIVORCED	Balto			COMPANY.	ES 📗 🤜	HOM	
9. 0	ATE OF BIRT	- 1968	10. AGE (I	) (Yo		r 1 Yr. If Under 24 Hrs.   Doys   Hours   Min. 		S. Pulasl	-i C+				
11.	BIRTUPLACE (S	itote or foreig	4 11 5 41	5		ZEN OF	13. FATHER		CI DC.				
1.4.4	MD	DATION/Gi-	م الأصار المسال	11 AR MINIT		SINESS OR INDUSTR	LOUI	s RALP	15	Aghy	1 5.	C	
done	during most of v	vorking life, ev	en ifretired)	140. KINL	OF BU	SIIVESS OK INDUSIK		,	ne	Sin	1 mot	_	
16. (Yes	WAS DECEAS	ED EVER IN	U.S. ARME	D FORCES	5? 17	7. SOCIAL SECURITY NO.	IB. INFORM	ance L	0013	A	DDRESS		
	10	, (, , , , , , , , , , , , , , , , , ,					Mrs A	-OUIS R.	Sngt	7 - 1 51	3	PROXIMATE INT	FRIVA
	590	1				CAUSE OF DEA	ATH		,			EEN ONSET AN	
		E OR COND		CTLY									
		LEADING TO of mean the		vina e e				ite pyeloi	nephri	tis			
	heort foilure	, osthenio, etc nplicotion which	. It meons th	e diseose,		DUE TO, OR	AS A CONSEQ	UENCE OF:					
	A1	NTECEDENT	CALISES			4-5							
	DISEASES	OR CONDITI	ONS, IF AN			(B)DUE TO, OR	AS A CONSEC	UENCE OF:					
z		ABOVE CA		TING INE		(C)							
음	600.0		П										
CERTIFICATION	TO THE DEA	ATH BUT NOT	RELATED TO	THE TERM	INAL								
RT		CONDITION				HICH OPERATION W	AS PERFORM	ED			21. AUTO	PSY? (Yes or	No)
Ö	2										YE	2	
X		NAL CAUSE			22B. PL	ACE OF INJURY(e.g.	in or obout 2	2C. WHERE DID	(If in Boltimo	re City, give ex			
EDIC,	UNDERLYING CA				home, to	orm, foctory, street, offic	te bidg., etc.) If	AJUKY OCCUR?					
	OF INJURY	(Month) (E	Ooy) (Yeo	r) (Hou		INJURY OCCURRED		2F. HOWDID IN	JURY OCC	UR?			
	(APPROX.)				m. WO		WHILE WORK						
	23. I cert	ify that I h	eld on	Inquiry [	]	nspection Au	topsy XX	ond that on the	his basis,	deoth in my	opinion		
	resul	ted from N	atural cou	uses A	X Acc	ident Suici	de Ho	micIde	Undetermi	ned monner			
		1		7.1	10			CHIEF MEDICAL E	XAMINER			DATE SIGN	FD
	SIGNATI	Y/5 0	~1	fu	115	M.	ASSI	STANT MEDICAL E	XAMINER	LXX		OAIL SIOIT	
	EXAMIN	ER'S						CIATE MEDICAL E	XAMINER				
244	NAME (1		Edw.	ard F	W1	1son, M.D.	or CREMATO	RY 24D	LOCATION	Augu (City, tow	n, or county	1968 (Stote	)
	BUVIN		4008	- 1968	P	edon	1.71	No com	AB	00		,	
25 4	. DATE REGID	EX HEALTH	DEPT	25B. N	IAMEO	F REGISTRAR	25C.	UNERAL DIRECTO	OR Jana	4 4 un	MASSON	How	)
	AL	10 7	308 (	Kolie	D 8	, standay MA	9	zes & a	m. 00	2/0	Tree	lent	a.
100	151 PEV 1/1/60	1					1119	monera	Truce	2 01	Fue	7	- 1

1 ( The second of the second senara I. v tana, s.ii. c Marine - Marine & mark

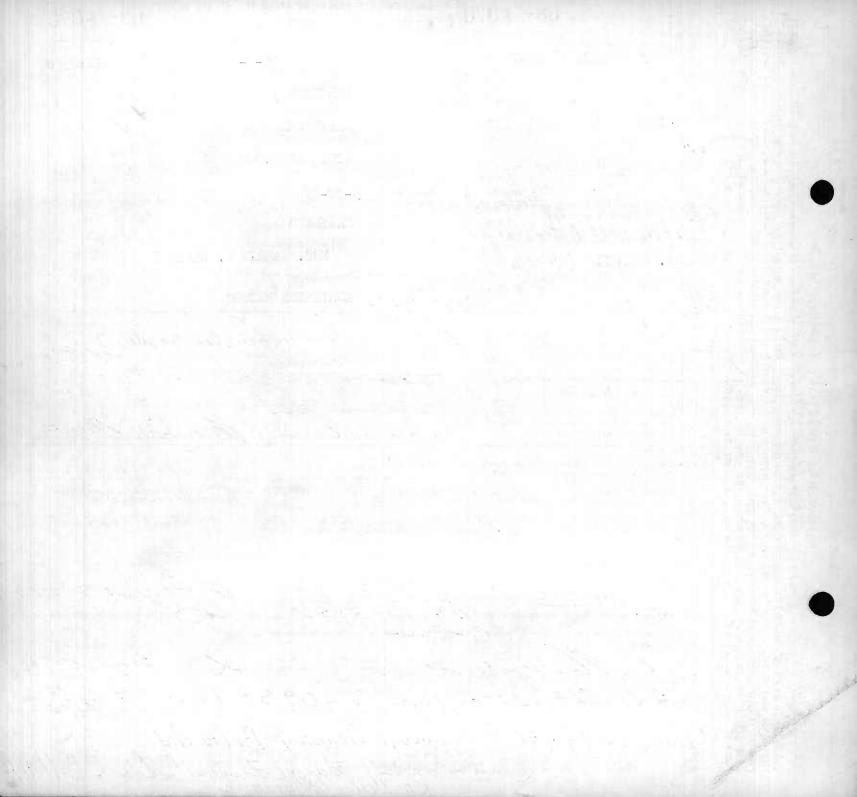
IMPORTANT

FUNERAL DIRECTOR:



AP'S TUNETINA TOTAL PRINT 1320/117-1115 HILLIA JISA TORRED FIRE JAT gent consigned and sort

58- 011/11	ICATE OF DEATH  REG. NO. 68-8070
1. NAME OF DECEASED (Type or Print)MARCHERITA H SWANN	2. DATE AND HOUR OF DEATH
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	8-3-68 II:05 B N  4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)  A. STATE  B. COUNTY  MARYLAND
FULL NAME OF ADDRESS OR LOCATION)  INSTITUTION HILL NURSING CENTER	BALTIMORE YES NO NO
90	E. STREET AND NUMBER 4201 LINKWOOD R
F 6. RACE 7. MARRIED NEVER MARRIED WIDOWED 3 DIVORCED	8. DATE OF BIRTH 9. AGE (In years   If Under 1 Yr. If Under 24 Hrs   Months   Doys   Hours   Min.
10A. USUAL OCCUPATION (Give kind of work) 10B. KIND OF BUSINESS OR INDICATION (Ground Street) Party of Wews 122per	MARYLAND
DR. HARRELL (Frincis)	14. MOTHER'S MAIDEN NAME MRS. CARRIE E. BALLAGH
5. Was Deceased Ever in U. S. Armed Faices?  Text to or unknown) (If yes, give wor or dotes af service)  16. SOCIAL  SECURITY NO.  2169344	17. INFORMANT  ADMISSION RECORD
heart failure, asthenia, etc. II means the disease,	OR AS A CONSEQUENCE OF:  Med Che bul Threnher's Message  May C
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A. DATE OF OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY	(e.g., in or about 21C. WHERE DID eet, office bidg., INJURY OCCUR?
OF INJURY  OF INJURY  While At Not	D 21 F. HOW DID INJURY OCCUR?
22. I certify that has this hospital attended the deceased from that we lost sow the deceased alive on and hour and from the causes stated above.	1965 and that in Cour opinion death occurred on the dat
23A. SIGNATURE All wyntos MD DEGREE	Attending Med. Stoff Phys.   Attending Director   Phys.   Stoff Phys.   Attending   Attend
	23D. ADDRESS  1209 ST Paul ST Bylth May  OF CREMATORY  24D. LOCATION (City, fown, or county) (Stote)
Chemitan 5/40g 68 Overmour  SA. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTERS	of CREMATORY  24D. LOCATION (City, town, or county)  (State)  125C. FUNERAL DIRECTOR  ADDRESS
AUG 7 1968 12 0. 1 2 Faller	AND THE THE THE PROPERTY OF TH



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68- 8071 BALTIMORE CITY HEALTH DEPARTMENT

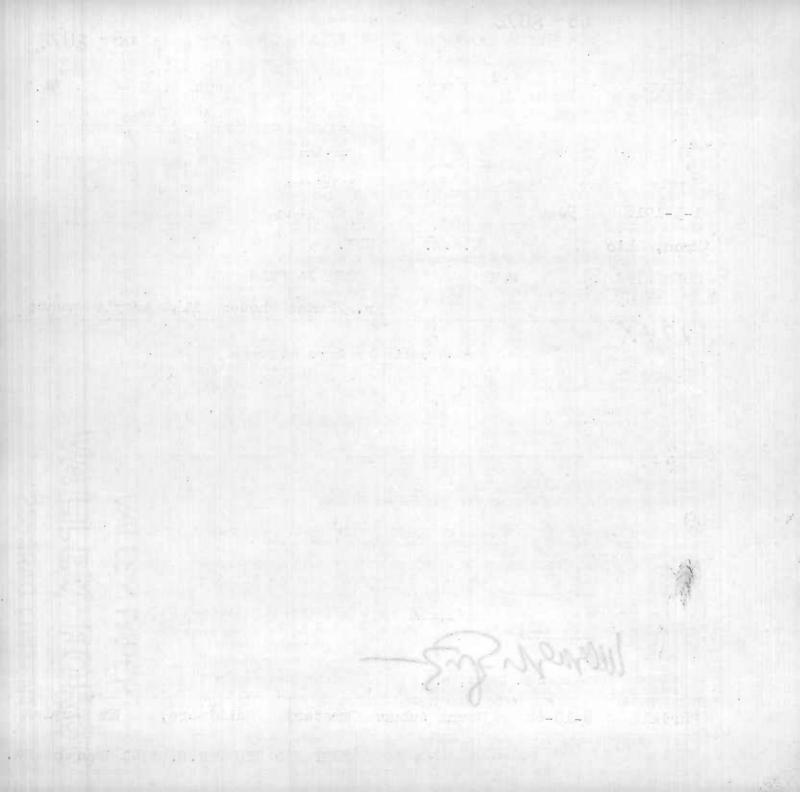
BIRTH NO.		WED	ICAL	EXAMINER'S	CERTIFI	CATE OF	DEAT	H REG NO	00.	- 80	11
1. NAME OF DEC	CEASED	N	ora		2. DATE	Known 🔯	Month	Day	Yeor	Hour	
(Type or Print)	Elizal	beth/A			OF	Estimoted	8	3	68		A.M.
4. PLACE IN BAL				ONOUNCED DEAD	3. DATE		Manth	Doy	Year	Hour	M.
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NO	T IN HOSPITA	LORINSTI	TUTION, GIVE STREET	PRONOUNCED DEAD 8 3 68 2:25 AM						IVI.
38	Unive	rsity I	Hospit	al	A. STATE	Marylan		B. COUNTY	wi com	0	ission)
6. SEX	7. RACE		B. MARRIE	ED X NEVER MARRIED	C. CITY OF	TOWN		D. INSIDE C	ITY LIMITS?	,	
F	W		WIDOWI		Sali	isbury		Y	ES X	NO 🗌	
9. DATE OF BIRT		10. AGE (In		If Under 1 Yr. If Under 24 Hrs Months   Doys   Hours   Min.		AND NUMBER			7	) / 2	
Oct. 25,19		57	2	2. CITIZEN OF		Walnut St	treet		10	-10	
		n country)			13. FATHER						
Maryland				WHAT COUNTRY?		est Horse					
I4A.USUAL OCCU Sone during most of v			14B. KIND	OF BUSINESS OR INDUSTR	15. MOTHE	R'S MAIDEN NA	ME				
Presser			Laund	dry		ie White					
16. WAS DECEAS				17. SOCIAL SECURITY NO.		MANT (Husb				05 Wal	nut S
No	(1. ) 55) \$1.15			3240KH 1 140.	Mr. Si	dney Adam	s, Sali	isbury,	Mary1	and	
19.431	9 1			CAUSE OF DEA	ATH					APPROXIMATE	
DISEAS	E OR COND	ITION DIRE	CTLY	Magaire	intro	omehmal !		0.000			
	LEADING TO			(A)IMMEDIATE		erebral h	lemorrn	age, sp	ontane	eous	
(This does n	not meon the	mode of dy	ing, e.g.,		AS A CONSEC	UENCE OF:					
	mplication which			F							
	OR CONDITION		GIVING	(B)	AS A CONSE	QUENCE OF:				. National constitution day day day day day constitution of	
RISE TO TH	OR CONDITION	USE (A) STA	TING THE								
Z	NG CONDITI	ON LASI.		(c)							
O TO THE DE	NIFICANT CON ATH BUT NOT	RELATED TO	THE TERMIN	NG NAL							
DISEASE OF	CONDITION		, ,		46 050500				Jos. A.115	ODCUA /V	N/->
ZUA. DATE OF	F OPERATION	V ZOB. COP	ADIIION F	OR WHICH OPERATION W	AS PERFORI	WED			21. AUT	OPSY? (Yes	s or No)
		100								Yes	
UNDERLYING UTING □ CA		TRIB-	-  2 h	2B. PLACE OF INJURY (e.g. come, farm, factory, street, offi	, in or obout ce bldg., etc.)	22C. WHERE DID NJURY OCCUR?	(If in Boltimo	re City, give ex	oct location	,	
		oy) (Yeor	·) (Hour)	22E.INJURY OCCURRED		22F. HOW DID II	NJURY OCC	UR?			
OF INJURY (APPROX.)					T WHILE WORK						
23.				II. WORK	WOKK L						
1 cert	tify that I h	eld an I	nquiry [	Inspection A	utapsy 🔯	and that on	this basis,	death in my	apinion		
resul	ted from: N	atural cau	ses 🔀	Arcident Suici	de H	amicide 🗌	Undetermi	ned manner	П		
	1,0-					CHIEF MEDICAL					
ACTUAL		0 ,5	21	>100		ISTANT MEDICAL			Asses "	DATE SIC	GNED
SIGNAT		SV	111	M.	D,				Aug.	3,1968	,
NAME (	14	Verner	U. Sp	it M.D.	A550	OCIATE MEDICAL	EXAMINER			- 113	
24A. BURIAL CRE	MATION, 2	4B. DATE		240 DAME of CEMETERY	ar CREMAT	ORY 24D	LOCATION	(City, tow	n, or count	y) (S	tote)
Burial		Aug. 6	.1968	Wicomico Memo	rial Pa	rk s	alisbur	y, Wice	omico.	Marvia	and
25A. DATE REC'D				ME OF REGISTRAP	25C.	FUNERAL DIREC	TOR	1	ADDRESS	13	
	400 (	1300	UER	ent E, stankey M	НО	LLOWAY &	COMPAN	Y, SALI	SBURY,	MARY	LAND,
VS 151-REV. 1/1/6	8				الما	17 - 6	VI.			1	

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68- 8072 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL	EXAMINER'S	CERTIFICATE OF DEATH REG. NO.	68- 8072
BIRTH NO.		REO. 140.2	
1. NAME OF DECEASED (Type or Print) WILLIE MAE	RHODES	2. DATE Knawn X Month Day OF DEATH Estimoted August 6.	Year Haur 1968 1:40 A.M.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PE		3. DATE Month Doy	Year Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTALL OR INSTITUTION)  OR INSTITUTION			968 1:40 A.M.
2140 Argyle Avenue		5. USUAL RESIDENCE (Where deceased lived. If institution: A. STATE B. COUNTY Maryland	residence befare admission)
6. SEX 7. RACE 8. MARR	IED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CIT	TY LIMITS?
female negro WIDOW	VED DIVORCED		SK CO
9. DATE OF BIRTH  1-3-1918  10. AGE (In years last high day)	If Under 1 Yr. If Under 24 Hrs. Manths, Days, Hours, Min.	E. STREET AND NUMBER  1140 Argyle auc.	
11. BIRTHPLACE(State or fareign country) Akron, Ohio	12. CITIZEN OF- WHAT SOUNTRY?	13. FATHER'S NAME UNK.	
14A. USUAL OCCUPATION (Give kind of work 14B. KIND done during most of working life, even if retired) HOUSEWIFE HO	)ME	OTHA JACKSON	
16. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, na or unknown) (If yes, give war ar doles af service	17. SOCIAL SECURITY NO.		Argyle Avenue
19.174X I	CAUSE OF DEA		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		Carcinoma of Breast	
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	(A)IMMEDIATE O	AUSE AS A CONSEQUENCE OF:	
Injury or complication which coused death.)			
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	(B)DUE TO, OR	AS A CONSEQUENCE OF:	
I UNDERLYING CONDITION LAST.	(c)		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO THE TERM DISEASE OR CONDITION GIVEN IN PART 1 (A).	INAL		
20A. DATE OF OPERATION 20B. CONDITION	FOR WHICH OPERATION W	AS PERFORMED	21. AUTOPSY? (Yes or No)
			No
22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. UTING CAUSE OF DEATH.  22D. TIME (Mgnth) (Day) (Year) (Hou	22B. PLACE OF INJURY (e.g., hame, farm, factory, street, affic	in or about 22C. WHERE DID (If in Boltimore City, give exace bldg., etc.) INJURY OCCUR?	
OF INJURY		WHILE 22F. HOW DID INJURY OCCUR?	
(APPROX.) 23.	m. WORK AT W	ORK .	
I certify that I held on Inquiry		topsy ond that on this basis, death in my	
resulted from: Natural causes K	Aceident Suicio	le Homicide Undetermined monner C	
ACTUAL SIGNATURE	A PARIO	ASSISTANT MEDICAL EXAMINER	DATE SIGNED
EXAMINER'S Werner U. NAME (Type)		ASSOCIATE MEDICAL EXAMINER	8/6/68
24A. BURIAL CREMATION, REMBYAL (Specify) 8-10-68	Mount Aubur		, or county) (State)
25A. DATE REC'DAT HEALTH DEPLE	IAME OF REGISTRAR	25C. FUNERAL DIRECTOR AL MORTON & DYETT F. H. 1	ODRESS 701 Laurens St
VS 151-REV, 1/1/6B		. District of District I alle a	



68- 8073 BALTIMORE CITY HEALTH DEPARTMENT BIRTH NO. 68-07208 MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO. . NAME OF DECEASED 2. DATE Knawn Month Day Year (Type or Print) OF PAMELA Estimated T 1968 1:30 A.M. ALLEN DEATH August 4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD DATE 3. Month Day Hour Year PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET 7:40 A.M HOSPITAL ADDRESS OR LOCATION) August 1968 OR INSTITUTION 5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY 3023 Gwynns Falls Pkwy Maryland 6. SEX 7. RACE C. CITY OR TOWN D. INSIDE CITY LIMITS 8. MARRIED NEVER MARRIED female Baltimore negro YES XX WIDOWED DIVORCED \_\_ NO 9. DATE OF BIRTH If Under 1 Yr. If Under 24 Hrs. 10. AGE (In years E. STREET AND NUMBER last birthday) Manths | Days | Hours | Min. 4-19-1968 3 118 322 N. Monroe Street 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF 13. FATHER'S NAME WHAT COUNTRY? Baltimore, Maryland EDWARD M. COOPER 14A. USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTRY 15. MOTHER'S MAIDEN NAME one during most of working life, even if retired)
Child SHIRLEY ELIZABETH ALLEN 16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na ar unknown)((If yes, give war or dates af service) 18. INFORMANT **ADDRESS** SOCIAL SECURITY NO. -0-Miss. Ethel Cooper 3023 Gwynn Falls APPROXIMATE INTERVAL CAUSE OF DEATH BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY Interstitial Pneumonitis (DSII) LEADING TO DEATH (A) IMMEDIATE CAUSE (This does not mean the made of dylng, e.g., DUE TO, OR AS A CONSEQUENCE OF: heart failure, asthenia, etc. It means the disease, injury ar complication which coused death.) **ANTECEDENT CAUSES** (B)\_\_\_\_\_\_DUE TO, OR AS A CONSEQUENCE OF: DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. 0 11 FICATI OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A) CERTI 20A. DATE OF OPERATION 208. CONDITION FOR WHICH OPERATION WAS PERFORMED 21. AUTOPSY? (Yes or Na) 22A. 228. PLACE OF INJURY (e.g., in ar obout 22C. WHERE DID (If in Boltimore City, give exoct lacation) hame, farm, factory, street, affice bldg., etc.) INJURY OCCUR? **EXTERNAL CAUSE WAS** UNDERLYING OR CONTRIB-UTING CAUSE OF DEATH 22D. TIME (Month) (Day) 22F. HOW DID INJURY OCCUR? (Hour) 22E, INJURY OCCURRED (Year) OF INJURY WHILE AT NOT WHILE (APPROX.) WORK I certify that I held on Inquiry Inspection Autopsy X and that on this bosis, death In my opinion resulted fram: Notural couses X Accident Homicide \_\_\_ Suicide \_\_\_ Undetermined monner CHIEF MEDICAL EXAMINER DATE SIGNED **ACTUAL** ASSISTANT MEDICAL EXAMINER SIGNATURE. 8/6/68 Werner U. Spitz, EXAMINER'S ASSOCIATE MEDICAL EXAMINER NAME (Type) 24A. BURIAL CREMATION, 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) 24B. DATE Burial

Mount Auburn Cemetery

258. NAME OF REGISTRAR

Baltimore,

MORTON & DYETT F.H. 1701 Laurens St

25C. FUNERAL DIRECTOR

Maryland

**ADDRESS** 

VS 151-REV. 1/7/68

25A. DATE REC'D BY HEALTH DEPT.

8-8-68

electrical decidii carreal.

The Monor Memorial Hospital 4534 Ridge Read , Baltimerical 55'rh(c) alem 118-9=-80 0.18 (Britishers) Educated Hongalet Florence Haustenecht the Chart Respiratory Insufficiently 12577 Chema Brandelis with the stranging condinues and a fire of the stranging X Autor St. 1988 CHON KEE RYLL M.A. The closes Matherial Section

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68- 8075 BALTIMORE CITY HEALTH DEPARTMENT

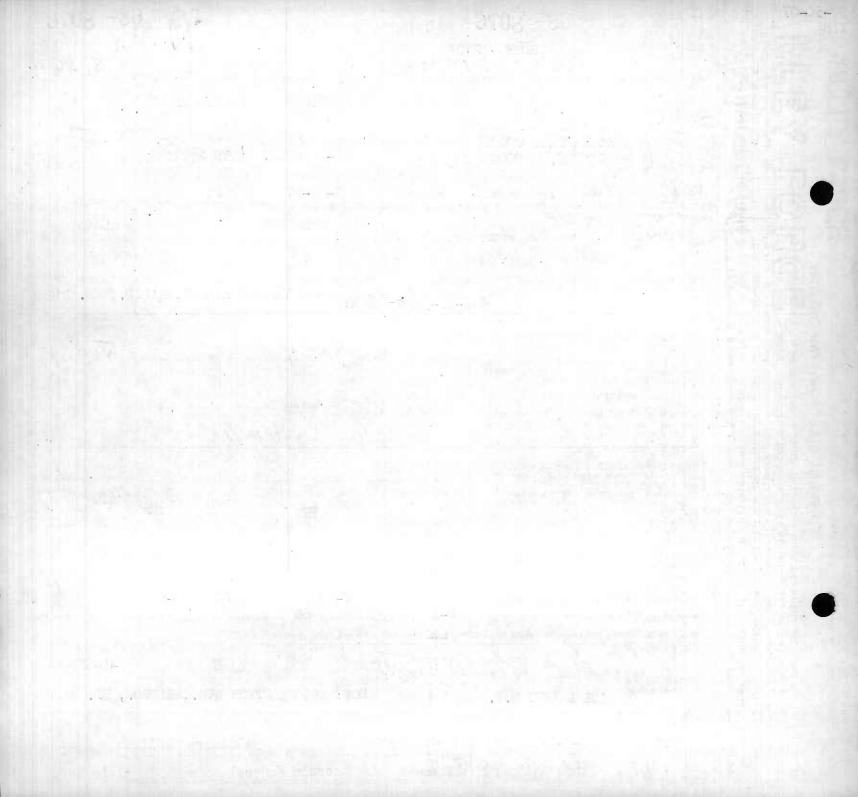
MEDICAL EXAMINER'S	CERTIFICATE OF DEATH REG. NO. 68-8075
BIRTH NO.	
1. NAME OF DECEASED (Type or Print)	2. DATE Known Abouth Poy Year Hour
ROGER RUBY	DEATH Estimoted KNX July 27, 1968 UNK
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Day Yeor Hour
	PRONOUNCED DEAD
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION)	August 3, 1968 11:13 A.
OCHEMINANTE A TELL A RECTION	5. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission)
2447 Maryland Avenue 9-27-68	A. STATE Maryland B. COUNTY
6. SEX 7. RACE B. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CHE SMITS?
male white WIDOWED DIVORCED	Baltimore YESXX NO [
9. DATE OF BIRTH 1898 10. AGE (In years   If Under 1 Yr. If Under 24 Hrs	. E. STREET AND NUMBER
Aug 23,   lost birthdoy) 69   Months Doys Hours   Min	2447 Maryland Avenue
11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF	13. FATHER'S NAME
Md. WHAT COUNTRY?	?
14A. USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUST	15. MOTHER'S MAIDEN NAME
done during most of working life, even if retired)  Funniture Finishing Self	?
	10 INFORMANIA
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)(If yes, give wor or dotes of service)  17. SOCIAL SECURITY NO.	18. INFORMANT ADDRESS
220-09-9764	A Dorothy E. Seyfer OwingsMills, Md.
19. 4/2, 4/1 CAUSE OF DE	BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	
	sclerotic Cardiovascular Disease
(A)IMMEDIATE	
heort foilure, osthento, etc. It means the disease,	AS A CONSEQUENCE OF:
Injury or complication which coused death.)	
ANTECEDENT CAUSES (B)	
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO, OI	AS A CONSEQUENCE OF:
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
(C)	***************************************
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
O THE DEATH BUT NOT RELATED TO THE TERMINAL	
DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION V	
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION V	VAS PERFORMED 21. AUTOPSY? (Yes or No)
O	Yes
22A. EXTERNAL CAUSE WAS 22B. PLACE OF INTURY(e.g.	
O HNDERLYING TOP CONTRIB	,, in or obout 22C. WHERE DID (If in Boltimore City, give exoct location) ice bldg., etc.) INJURY OCCUR?
UTING CAUSE OF DEATH.	
22D. TIME (Month) (Doy) (Yeor) (Hour) 22E.INJURY OCCURRED	22F. HOW DID INJURY OCCUR?
OF INJURY	T WHILE
	WORK
23.	
	utopsy 🔀 and that an this basis, deoth in my opinian
resulted fram: Natural causes K Accident Suic	de Homicide Undetermined monner
1	CHIEF MEDICAL EXAMINER
ACTUAL IIII	ASSISTANT MEDICAL EXAMINER X
SIGNATURE M. M.	
EXAMINER'S	ASSOCIATE MEDICAL EXAMINER   8/4/68
NAME (Type) Werner U. Spitz, M.D.	
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETER	ar CREMATORY 24D. LOCATION (City, town, ar county) (State)
PEMOVAL (Specify)	(Store)
Burial 8/6/68 Woodlawn	Balto. Md.
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
AUG 7 1968 Rout 2, Farley M	1./ // // // . \
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Mag 1300 Maken 5, tones.	Jane ? Charent Il shower

Letter from M. E.'s office 9-27-68 M.

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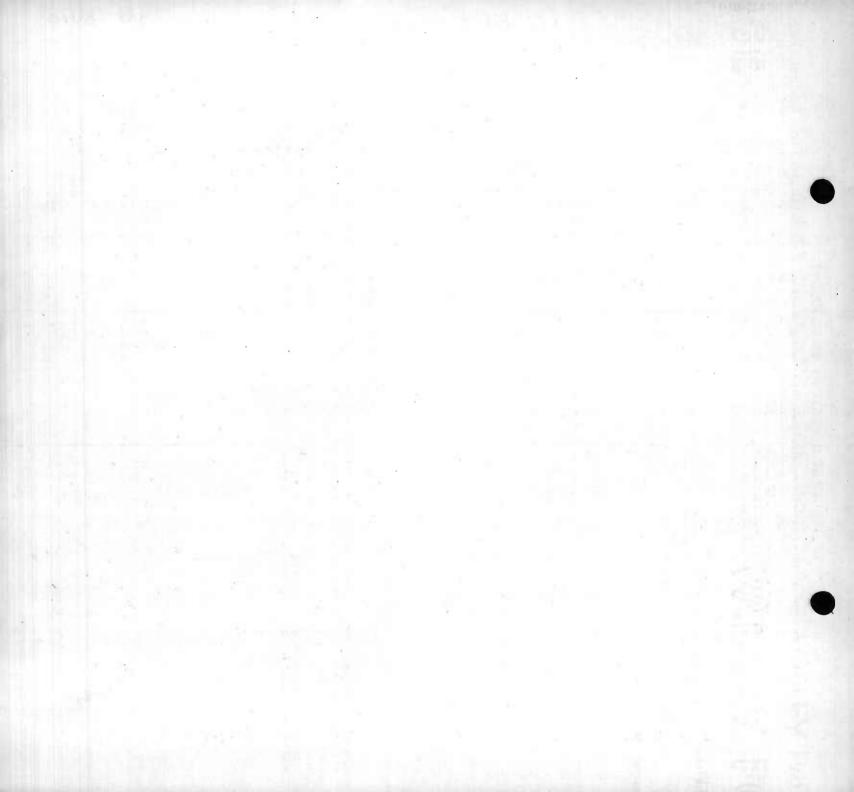
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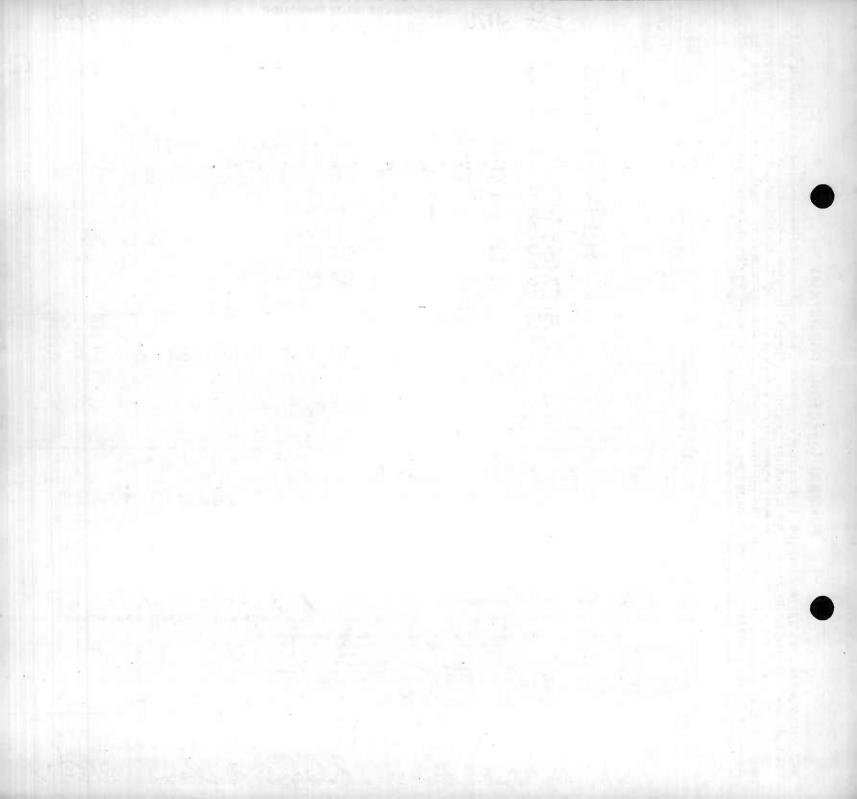
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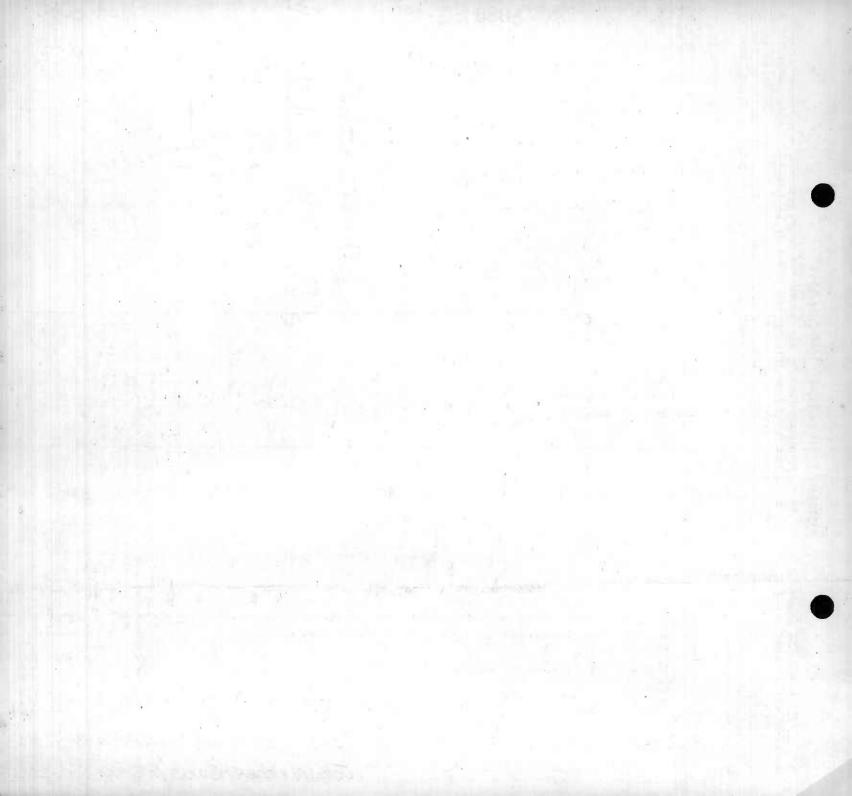
		BALTIMORE CITY	HEALTH DEPARTMEN	IT \	00 0000	
BIRTH NO.	77 CERTIFICA	TE OF DEATH REG NO. 68- 8077				
1, NAME OF DECEASED			2. DAT	E AND HOUR OF DEATH	H	
Type or Print) Fred	dermon		VA USUAL PESIDENCE		2:00 P:	
3. PLACE IN BALTIMORE, MARYL	LAND, WHERE PRONC	DUNCED DEAD	A. STATE B. C	OUNTY	institution: residence before admission	
FULL NAME OF (IF NOT IN ADDRESS INSTITUTION)	OR LOCATION	TUTION, GIVE STREET	C. CITY OR TOWN	D. IN	SIDE CITY LIMITS?	
Maryland	1	ospital	Finks	urg	YES NO NO	
48 Baltimo	den ave.	21201	Rd. 1 B	-		
SEX 6. RACE		NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hr. Months: Days Hours: Min.	
OA, USUAL OCCUPATION (Give ki	WIDOWED		5-24-9	6 70	12. CITIZEN OF WHAT COUNTS	
lone during most of working life, even Retired from Ba	if, retired)		Pennoul	Vania	U.S. A.	
3. FATHER'S NAME	11		14. MOTHER'S MAIDEN	INAME		
Thomas	Herman		Mary	Abroges		
5. Was Deceased Ever in U. S. A Yes, o or unknown) (If yes, give w	Armed Forces? or or dotes of service)	16. SOCIAL SECURITY NO. 173-07-0047	77. INFORMANT	Turned MI	ADDRESS	
1B. 70 C D		CAUSE OF DEAT	H COO V	idhen 110	APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT	
DISEASE OR CONDIT		ACUTE	GUNUL	CYTIC	BETWEEN ONSET AND DEAT	
, LEADING TO		(A) IMMEDIATE CAL	A CONSEQUENCE OF:	/// <del>/</del>		
heart failure, asthenia, etc. injury ar camplication which		),	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
ANTECEDENT	CAUSES	(B)				
DISEASES OR CONDITIO		3	A CONSEQUENCE OF:			
UNDERLYING CONDITION		(c)				
O HAND II						
	19B. CONDITION FOR	WHICH OPERATION	20A. AUTOPSY? (Yes	or No) 20B. IF YES, WER	E FINDINGS CONSIDERED	
	WAS PERFORMED	EXPERIENCE.	45	94	AUSES OF DEATH?	
OR CONTRIBUTING CAUSE  OR CONTRIBUTING CAUSE	E OF ho	B. PLACE OF INJURY (e.g., me, form, foctory, street, o c.)	ffice bldg., INJURY OCCU	ID (If in Boltim	ore City, give exact locotion)	
21D.TIME (Month) (Day	) (Yeor) (Hour) 21	E. INJURY OCCURRED	21F. HOW DII	D INJURY OCCUR?		
(APPROX.)		hile At Not Whi ork At Work				
22. I certify that (1) (this	hospitol) ottended	12	7-29	19 6 8 to 1	3-5 19 68	
that (I) (we) lost sow the		8-5			plnion deoth occurred on the de	
ond haur ond from the cau	uses stoted above.	(1) (We) (did) (did not)	view the body ofter de	ath.	23B, DATE SIGNED	
2000	W = 144.04	Ch TO AH	ending Med. [	Staff V	8-5-68	
23C. PHYSICIAN'S	· review	1 DEGREE Phy	ending Med. Director [ 23D. ADDRESS	Staff Phys.	0 7-68	
NAME (Type)	V	DEGREE				
21 10110110		NAME of CEMETERY of CR	EMATORY 2	4D. LOCATION	City, town, or countyl (Stote)	
Duduc	0	vergreen Memor	uic garaens	renesting,	Md.  ADDRESS isterstown, Md.	
25A. DATE REC'D BY HEALTH D	EPI. 258. NAME	OF REGISTRAR	25C. FUNEKAL DIRE	CIUK	ADDRESS	
6116 0	168 A O. A	2. Falluna	J. F. Elin	e & Jons Re	isterstown, Md	

Taring to the state of the stat DF 35-46-7 Po Dal P tagit and sil 9-3 89 BD-1 9-8



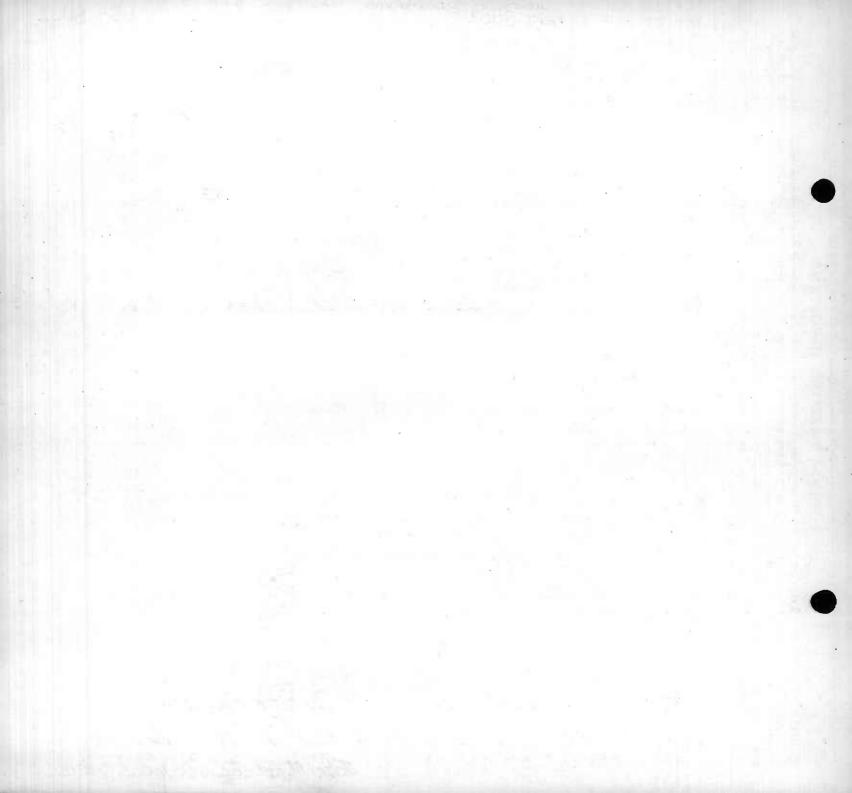


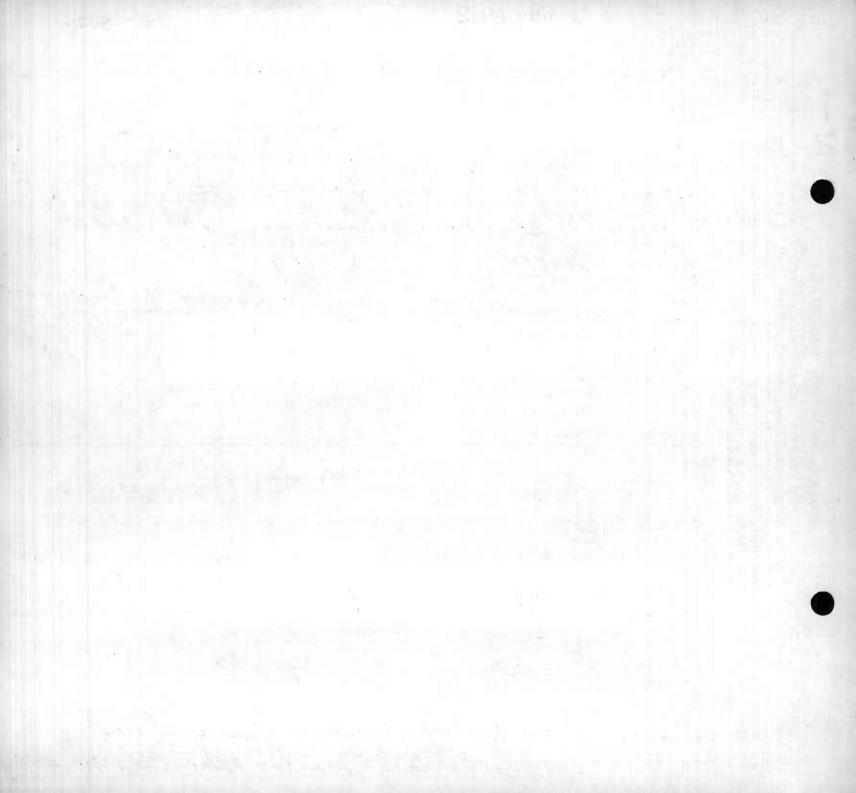
B-65-Z 68-80	AN BALTIMORE CITY	HEALTH DEPARTMENT		08- 2080
000	CERTIFICA	TE OF DEATH	REG. NO	00 0000.
I, NAME OF DECEASED	1.411 1.1	2. DATE AN	NO HOUR OF DEATH	11/0
(Type or Print) Baranowski.	William Joh	n 8	-6-68	640 A, M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRO	NOUNCED DEAD	A. STATE B. COUN	ore deceased lived. II i	institution: residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR IN HOSPITAL OR ADDRESS OR LOCATION)	STITUTION, GIVE STREET	Maryland	*	3/8/3
INSTITUTION	11/ 1/1	C. CITY OR TOWN	D. INS	YES NOT
North Charles Gener	al Hospital	E. STREET AND NUMBER		, IES [2]
77		345/ Mai	ifield a	venue
S. SEX 6. RACE 7. MARI	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1. Yr. If Under 24 Hrs. Months! Doys Hours Min.
	WED DIVORCED	Jan. 9, 1410	58	
10A, USUAL OCCUPATION (Give kind of work 108, KIN done during) most of working life, even if retired)	101	11. BIRTHPLACE (Stote or fore	ign country)	12. CITIZEN OF WHAT COUNTRY?
Milk Salesman 110	ontz Dainy	Marylan	10	USH.
13. FATHER'S NAME	0	14. MOTHER'S MAIDEN NA		
Baranowski, John	0,	Harchul,	Sophia	
IS. Was Deceased Ever in U.S. Armed Forces? (Yes, no or unknown) (II yes, give wor or dotes of serv	ce) 1 6. SOCIAL SECURITY NO.	17. INFORMANT	Hosp. cho	ADDRESS .
NO -	212-10-8676	N. C. Gen. F	105p. cao	ire
18. 4 3 3. 1	CAUSE OF DEAT		1	BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		Desc'inte	and asset	•
(This does not meen the mode of dying,		A CONSEQUENCE OF:	I works	
heart failure, asthenio, etc. It means the disc injury or complication which coused death.)	ose,	0 -	0	
ANTECEDENT CAUSES	( Cerex	provaseular	Ihrombo	eris
DISEASES OR CONDITIONS, if ony, gi		A CONSEQUENCE OF:	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
rise to the obove couse (A) sloting UNDERLYING CONDITION lost.	(C)			
332X II				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMI				
◆ DISEASE OR CONDITION GIVEN IN PART 1 (A).		20A. AUTOPSY? (Yes or N	o) 208. IF YES. WERE	FINDINGS CONSIDERED
19.4. DATE OF OPERATION 198. CONDITION WAS PERFORMED	OK WINGS OF EKANON		IN CERTIFYING CA	FINDINGS CONSIDERED
U 21A. ACCIDENT WAS UNDERLYING ON CONTRIBUTING CAUSE OF	21 B. PLACE OF INJURY (e.g., i	n or obout 21 C. WHERE DID	(If In Boltimo	ore City, give exact location)
DEATH (notify medical examiner)	etc.)	ince biags, INJURI OCCOR:		
21D.TIME (Month) (Doy) (Yeor) (Hour)	21 E. INJURY OCCURRED	21F. HOW DID IN.	URY OCCUR?	
OF INJURY (APPROX.)	While At Work Not While At Work		, ,	
22. I certify that (1) (this haspital) attend	ed the pleceased from	ugust. 4	1968 to A	ugust 6 1968.
that (1) (we) last saw the deceased alive	on August &	19 E g and th	nat In (my) (aur) ap	olnton death accurred an the date
and hour and from the causes systed above	e. (1) (We) (did) (did not) v	iew the bady after death.		
23A. SIGNATURE			2/	238, DATE SIGNED
Manuel A. Hough	DEGREE Phy	nding Med. Director	Shaff Phys.	8-6-68 7 a.m.
23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS		
Niznik, Incodo	re, M.D. Ottend	inu) 4295,	Chester	Street 2/231
24A. BURIAL CREMATION, 248. DATE REMOVAL (Specily)	C. NAME OF CEMETERY OF CRI	MOTORY 24D. I	OCATION	City, town, or county) (State)
BURIA! 8-10-68	HOLY ROSARY	CEM O	wdalk ,	MARKAND
AUG SEC'D BY HEALTH DEPT. 258. NA	ME OF REGISTRAR	25C. FUNERAL DIRECTO		ADDRESS
1000 (16000) 2, 4	CLOSCO, THE	JOHN M. WEDE	RISORIS,	INC 401 S. CHESTEI
VS 150-REV, 1/1/68				



FUNERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.	

P. 362 68-81	BALTIMORE CITY		1//	68- 8081
	CERTIFICA	TE OF DEATH	REG NO	00 9001
BIRTH NO.			TIOUS OF DEATH	
NAME OF DECEASED		2. DATE AN	HOUR OF DEATH	
	#250N	8/	6/68	5:15 A
PLACE IN BALTIMORE, MARYLAND, WHERE PRO	NOUNCED DEAD	4. USUAL RESIDENCE (WHere	deceased lived. If inst	litution: residence before admissi
			D.1+	1.
ULL NAME OF (IF NOT IN HOSPITAL OR IN ADDRESS OR LOCATION)	STITUTION, GIVE STREET	MARY/AND	19/19	U 33-00
ISTITUTION		C. CITY OR TOWN	D. INSID	E CITY LIMITS?
University Hospital	/	BALTIMORE		YES NO NO
our land		E. STREET AND NUMBER		
3 1		7322 Wak	IMAN AVE	
		12	AGE (In years	
SEX 6. RACE 7. MARR	IED NEVER MARRIED	/ / .	ost birthdoy)	If Under 1 Yr. If Under 24 H Months Doys Hours Min.
/// WIDOV	VED DIVORCED	8/10/14	53	
A. USUAL OCCUPATION (Give kind of work 10B, KINE	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or foreig	in country)	12. CITIZEN OF WHAT COUNT
one during most of working life, even if retired)		1/ //		1 1 1 1
Dup. PRINTING		MARY/And		U.S.A.
FATHER'S NAME		14. MOTHER'S MAIDEN NAM	\E	
F. V DI		(	- 11.0	
FRANK TETERSO		CAMEN	SKH	
. Was Deceased Ever in U. S. Armed Forces? es, no or unknown) (If yes, give wer or dates of servi	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
A/A	JECORIII NO.	161 11		
110	212-10-1193	HELER WED	ER /Sdo	NAZOMANI HU
18. 19.3 Y	CAUSE OF DEATH			APPROXIMATE INTERVA
DISEASE OR CONDITION DIRECTLY				
LEADING TO DEATH	A STANAEDIATE CAL	SE FX SANIC LILA AND	n'n	2 J 6 105.
(This does not mean the made of dying,	e.g., DUF TO OR AS	A CONSEQUENCE OF:		
hearl failure, asthenia, etc. It means the dise	ase,	9.		
injury or camplication which caused death.)			/	
ANTECEDENT CAUSES	IN EROSIO	~ of Greek Cas.	sels	a morths
DISEASES OR CONDITIONS, if ony, give	ving DUE TO, OR AS	A CONSEQUENCE OF:		
rise to the abave cause (A) stating	the	- +f		15 with a
UNDERLYING CONDITION last.	(c) C42cm	ione Thyreoro		15 months
194 X 11				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION	NG			
TO THE DEATH BUT NOT RELATED TO THE TERMIN	IAL			
A DISCUSSION OF CONTRACT				
DISEASE OR CONDITION GIVEN IN PART 1 (A).	OR WHICH OPERATION	20A. ALITOPSY2 (Yes or Not	208. IF YES WEDE EL	NDINGS CONSIDERED
DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A. DATE OF OPERATION 19B. CONDITION F. WAS PERFORMED		20 A. AUTOPSY? (Yes or No)	10 B. IF YES, WERE FI	NDINGS CONSIDERED SES OF DEATH?
19A. DATE OF OPERATION 19B. CONDITION F	20:10	no	208. IF YES, WERE FI IN CERTIFYING CAU	NDINGS CONSIDERED SES OF DEATH?
DISEASE OR CONDITION GIVEN IN PART I (A).  19A. DATE OF OPERATION 19B. CONDITION F.  WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING	2e'so 21B. PLACE OF INJURY (e.g., in	n or obout 21 C. WHERE DID	IN CERTIFYING CAU	NDINGS CONSIDERED SES OF DEATH?
DEATH (notify medical examiner)	20:10	n or obout 21 C. WHERE DID	IN CERTIFYING CAU	SES OF DEATH?
JOSEASE OR CONDITION GIVEN IN PART I (A).  19A. DATE OF OPERATION  19B. CONDITION F  WAS PERFORMED  21A. A CCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF  DEATH (notify medical examiner)	22e FD 21B. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)	n or obout 21C. WHERE DID fice bldg., INJURY OCCUR?	(If In Boltimore	SES OF DEATH?
DEATH (notify medical examiner)    Second   Condition   Condition	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)  21E. INJURY OCCURRED	n or obout 21C. WHERE DID ffice bldg., INJURY OCCUR?	(If In Boltimore	SES OF DEATH?
DEATH (notify medical examiner)    Second   Condition   Condition	21B. PLACE OF INJURY (e.g., in home, farm, foctory, street, of etc.)  21E. INJURY OCCURRED  While At Not While	n or obout 21C. WHERE DID ffice bldg., INJURY OCCUR?	(If In Boltimore	SES OF DEATH?
JOSEASE OR CONDITION GIVEN IN PART I (A).  199A. DATE OF OPERATION  199B. CONDITION F  WAS PERFORMED  OR CONTRIBUTING CAUSE OF  DEATH (notify medical examinet)  210. TIME (Month) (Day) (Year) (Hour)  OF INJURY (APPROX.)	218. PLACE OF INJURY (e.g., inhome, form, foctory, street, of etc.)  218. INJURY OCCURRED  While At Not Whill At Work	n or obout 21C. WHERE DID fice bldg., INJURY OCCUR?	(If In Boltimore	SES OF DEATH?  City, give exact location)
DEATH (notify medical examiner)  170. TIME (Month) (Day) (Year) (Hour)	218. PLACE OF INJURY (e.g., inhome, form, foctory, street, of etc.)  218. INJURY OCCURRED  While At Not Whill At Work	n or obout 21C. WHERE DID fice bldg., INJURY OCCUR?	(If In Boltimore	SES OF DEATH?
DEASE OR CONDITION GIVEN IN PART I (A).  19A. DATE OF OPERATION  19B. CONDITION F WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. TIME (Month) (Day) (Year) (Hour) OF INJURY (APPROX.)  22. I certify that (I) (this haspital) attended	21B. PLACE OF INJURY (e.g., in home, farm, foctory, street, of etc.)  21E. INJURY OCCURRED  While At Not While At Work  ed the deceased fram	n or obout 21C. WHERE DID INJURY OCCUR?	(If In Boltimore	SES OF DEATH?  City, give exact location)
DEATH (notify medical examiner)  210. Time (Month) (Day) (Year) (Hour)  22. I certify that (I) (this haspital) attended that (I) (we) last saw the deceased alive	21B. PLACE OF INJURY (e.g., in home, farm, foctory, street, of etc.)  21E. INJURY OCCURED  While At Not While At Work  ed the deceased fram.	21F. HOW DID INJURY  21F. HOW DID INJURY  19 67 and the	(If In Boltimore	SES OF DEATH?  City, give exact location)
DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A. DATE OF OPERATION 19B. CONDITION F WAS PERFORMED OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. TIME (Month) (Day) (Year) (Hour) OF INJURY (APPROX.)  22. I certify that (I) (this haspital) attended that (I) (we) last saw the deceased alive and haur and fram the causes stated above.	21B. PLACE OF INJURY (e.g., in home, farm, foctory, street, of etc.)  21E. INJURY OCCURED  While At Not While At Work  ed the deceased fram.	21F. HOW DID INJURY  21F. HOW DID INJURY  19 67 and the	(If In Boltimore  URY OCCUR?  1 to S  1 to S	City, give exact location)  19 68  ian death accurred an the d
DESEASE OR CONDITION GIVEN IN PART I (A).  19A. DATE OF OPERATION  19B. CONDITION F WAS PERFORMED OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. TIME (Month) (Day) (Year) (Hour) OF INJURY (APPROX.)  22. I certify that (1) (this haspital) attended that (1) (we) last saw the deceased alive	21B. PLACE OF INJURY (e.g., in home, farm, foctory, street, of etc.)  21E. INJURY OCCURED  While At Not While At Work  ed the deceased fram.	21F. HOW DID INJURY  21F. HOW DID INJURY  19 67 and the	(If In Boltimore  URY OCCUR?  1 to S  1 to S	SES OF DEATH?  City, give exact location)
DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A. DATE OF OPERATION 19B. CONDITION F WAS PERFORMED OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. TIME (Month) (Day) (Year) (Hour) OF INJURY (APPROX.)  22. I certify that (I) (this haspital) attended that (I) (we) last saw the deceased alive and haur and fram the causes stated above.	218. PLACE OF INJURY (e.g., inhome, farm, foctory, street, of etc.)  218. INJURY OCCURRED  While At Not While At Work  ed the deceased fram  on (We) (did) (did nat) v	n or obout 21C. WHERE DID ffice bldg., INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  19 6  and the friew the bady after death.	(If In Boltimore  URY OCCUR?  9 ta 8  It In (ay) (aur) apin	City, give exact location)  19 68  ian death accurred an the d
DEASE OR CONDITION GIVEN IN PART I (A).  19A. DATE OF OPERATION  19B. CONDITION F WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. TIME (Month) (Day) (Year) (Hour) OF INJURY (APPROX.)  22. I certify that (I) (this haspital) attended that (I) (we) last saw the deceased alive and haur and fram the causes stated above 23A. SIGNATURE  Loyal D-Man Le	218. PLACE OF INJURY (e.g., inhome, form, foctory, street, of etc.)  218. INJURY OCCURRED  While A1 Not While A1 Work  ed the deceased frame on the deceased frame of the deceas	n or obout 21C. WHERE DID ffice bldg., INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  19 6  and the friew the bady after death.	(If In Boltimore  URY OCCUR?  1 to 5  It in (ay) (aur) apln	City, give exact location)  19 68  ian death accurred an the d
DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A. DATE OF OPERATION 19B. CONDITION F WAS PERFORMED OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. TIME (Month) (Day) (Year) (Hour) OF INJURY (APPROX.)  22. I certify that (I) (this haspital) attended that (I) (we) last saw the deceased alive and haur and fram the causes stated abav. 23A. SIGNATURE  23C.PHYSICIAN'S	218. PLACE OF INJURY (e.g., inhome, form, foctory, street, of etc.)  218. INJURY OCCURRED  While A1 Not While A1 Work  ed the deceased frame on the deceased frame of the deceas	n or obout 21C. WHERE DID ffice bldg., INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  19 6  and the friew the bady after death.	(If In Boltimore  URY OCCUR?  9 ta 8  It In (ay) (aur) apin	City, give exact location)  19 68  ian death accurred an the d
DEASE OR CONDITION GIVEN IN PART I (A).  19A. DATE OF OPERATION  19B. CONDITION F WAS PERFORMED  21D. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. TIME (Month) (Day) (Year) (Hour)  OF INJURY (APPROX.)  22. I certify that (I) (this haspital) attended that (I) (we) last saw the deceased alive and haur and fram the causes stated above  23A. SIGNATURE   Loy D - M au le	218. PLACE OF INJURY (e.g., inhome, form, foctory, street, of etc.)  218. INJURY OCCURRED  While A1 Not While A1 Work  ed the deceased frame on the deceased frame of the deceas	n or obout 21C. WHERE DID ffice bldg., INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  19 6  and the friew the bady after death.	(If In Boltimore  URY OCCUR?  9 ta 8  It In (ay) (aur) apin	City, give exact location)  19 68  ian death accurred an the d
DESEASE OR CONDITION GIVEN IN PART 1 (A).  19A. DATE OF OPERATION  19B. CONDITION FWAS PERFORMED  OR CONTRIBUTING CAUSE OF  DEATH (notify medical examiner)  21D. TIME (Month) (Day) (Year) (Hour)  OF INJURY  (APPROX.)  22. I certify that (I) (this haspital) attended that (I) (we) last saw the deceased alive and haur and fram the causes stated abave.  23A. SIGNATURE  23C.PHYSICIAN'S  NAME (Type)  FLOYO B. MANDOE	218. PLACE OF INJURY (e.g., in home, farm, foctory, street, of etc.)  21E. INJURY OCCURRED  While At Not While At Work  ed the deceased fram  on Attempts  M.D. DEGREE	21F. HOW DID INJURY OCCUR?  21F. HOW DID INJURY  21F. HOW DID INJURY  21F. HOW DID INJURY  And the price of t	IN CERTIFYING CAU  (If In Boltimore  JRY OCCUR?  9ta	City, give exact location)  1968  ian death accurred an the d
DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A. DATE OF OPERATION  21A. A CCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. TIME (Month) (Day) (Year) (Hour) OF INJURY (APPROX.)  22. I certify that (I) (this haspital) attended that (I) (we) last saw the deceased alive and haur and fram the causes stated abave.  23A. SIGNATURE  23C.PHYSICIAN'S NAME (Type)  LOVO B. MANDOE	218. PLACE OF INJURY (e.g., in home, farm, foctory, street, of etc.)  21E. INJURY OCCURRED  While At Not While At Work  ed the deceased fram  on Attempts  M.D. DEGREE	n or obout 21C. WHERE DID ffice bldg., INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  19 6  and the friew the bady after death.	(If In Boltimore  URY OCCUR?  9 ta 8  It In (ay) (aur) apin	City, give exact location)  1968  ian death accurred an the d
DESEASE OR CONDITION GIVEN IN PART I (A).  19A. DATE OF OPERATION  19B. CONDITION F WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. TIME (Month) (Day) (Year) (Hour) OF INJURY (APPROX.)  22. I certify that (I) (this haspital) attended that (I) (we) last saw the deceased alive and haur and fram the causes stated abave 23A. SIGNATURE  23C. PHYSICIAN'S NAME (Type)  4A. BURIAL CREMATION, 124B, DATE  124	218. PLACE OF INJURY (e.g., in home, farm, foctory, street, of etc.)  21E. INJURY OCCURRED  While At Not While At Work  ed the deceased fram  on Attempts  Attempts  M.D. DEGREE	21F. HOW DID INJURY OCCUR?  21F. HOW DID INJURY  21F. HOW DID INJURY  21F. HOW DID INJURY  And the price of t	IN CERTIFYING CAU  (If In Boltimore  JRY OCCUR?  9ta	City, give exact location)  1968  ian death accurred an the decay and the decay are signed.
DISEASE OR CONDITION GIVEN IN PART I (A).  19A. DATE OF OPERATION  19B. CONDITION F WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. TIME (Month) (Day) (Year) (Hour)  21D. TIME (Month) (Day) (Year) Hour)  222. I certify that (I) (this haspital) attended that (Me) last saw the deceased alive and haur and fram the causes stated abave  23A. SIGNATURE  23C. PHYSICIAN'S NAME (Type)  4A. BURIAL CREMATION, 24B, DATE  24C. BURIAL CREMATION, 24B, DATE	218. PLACE OF INJURY (e.g., in home, farm, foctory, street, of etc.)  21E. INJURY OCCURRED  While At Not While At Work  ed the deceased fram  on Attempts  Attempts  M.D. DEGREE	n or obout 21C. WHERE DID ffice bldg., INJURY OCCUR?  21F. HOW DID INJU  21F. HOW DID INJU  19 68 and the riew the bady after death.  23D. ADDRESS  WHATORY  24D. LC	IN CERTIFYING CAU  (If In Boltimore  JRY OCCUR?  9ta	City, give exact location)  1968  ian death accurred an the decay and the decay are signed.
DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A. DATE OF OPERATION  19B. CONDITION F WAS PERFORMED  OR CONTRIBUTING CAUSE OF  DEATH (notify medicol exominer)  21D. TIME (Month) (Day) (Year) (Hour)  OF INJURY  (APPROX.)  22. I certify that (I) (this haspital) attended that (I) (we) last saw the deceased alive and haur and fram the causes stated abave  23A. SIGNATURE  23C. PHYSICIAN'S NAME (Type)  4A. BURIAL CREMATION, 124B, DATE  124	218. PLACE OF INJURY (e.g., in home, farm, foctory, street, of etc.)  21E. INJURY OCCURRED  While At Not While At Work  ed the deceased fram  on Attempts  Attempts  M.D. DEGREE	21F. HOW DID INJURY OCCUR?  21F. HOW DID INJURY  21F. HOW DID INJURY  21F. HOW DID INJURY  And the price of t	IN CERTIFYING CAU  (If In Boltimore  JRY OCCUR?  9ta	City, give exact location)  1968  ian death accurred an the decay and the decay are signed.
DISEASE OR CONDITION GIVEN IN PART I (A).  19A. DATE OF OPERATION  19B. CONDITION F WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. TIME (Month) (Day) (Year) (Hour)  21D. TIME (Month) (Day) (Year) Hour)  222. I certify that (I) (this haspital) attended that (Me) last saw the deceased alive and haur and fram the causes stated abave  23A. SIGNATURE  23C. PHYSICIAN'S NAME (Type)  4A. BURIAL CREMATION, 24B, DATE  24C. BURIAL CREMATION, 24B, DATE	218. PLACE OF INJURY (e.g., in home, farm, foctory, street, of etc.)  21E. INJURY OCCURRED  While At Not While At Work  ed the deceased fram  on Attempts  Attempts  M.D. DEGREE	n or obout 21C. WHERE DID ffice bldg., INJURY OCCUR?  21F. HOW DID INJU  21F. HOW DID INJU  19 68 and the riew the bady after death.  23D. ADDRESS  WHATORY  24D. LC	IN CERTIFYING CAU  (If In Boltimore  JRY OCCUR?  9ta	City, give exact location)  1968  ian death accurred an the d





H-416

68- 8083 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S (	CERTIFICATE OF DEATH REG. NO	68- 8083
	lle pare	
1. NAME OF DECEASED (Type or Print)	2. DATE Known Doy	Yeor Hour
WALTER HOLBROOK JR.	DEATH Estimated 4 8 6	68 5:15 p M.
4. PLACE IN BALTIMORE, MARY AND, WHERE PRONOUNCED DEAD	3. DATE Manth Day	Year Haur
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION)	PRONOUNCED DEAD August 6	1968 5:15 pm.
OR INSTITUTION	5. USUAL RESIDENCE (Where deceased lived, If institution	
Λ <del>(~~</del> 10 ····································	A. STATE B. COUNTY	
712 Newington Ave.	Maryland	
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE	TY LIMITS?
Male Colored WIDOWED DIVORCED	Balto.	ES NO
9. DATE OF BIRTH 10. AGE (In years   If Under 1 Yr. If Under 24 Hrs.	E. STREET AND NUMBER	
4/21/1922 (last birthday) Manths, Days, Haurs, Min.	Balto. 7/2 Newrylos 13. FATHER'S NAME WALTER C. Holoro	nanc.
11. BIRTHPLACE(State or fareign country) 12. CITIZEN OF	13. FATHER'S NAME	-
BUTOMS WHATCHUNTRY?	LUNGTER G. STO/BRU	OX SR
14A. USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTR	VIS MOTHER'S MAIDEN NAME	
dane during mast of warking life, even it retired)   //		
LABORON GEN Hapiral	JULIA OBROIN	
(Yes, na ar unknown)(If yes, give wor ar dotes of service)  17. SOCIAL SECURITY NO.		ADDRESS
(100, hour of this own of the doles of service)	JULIA HUJBROOK 270	18 w. FRIRMOUM
19. 2-9 / CAUSE OF DEA		APPROXIMATE INTERVA
5 //, 01		BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY		
LEADING TO DEATH	CAUSE Acute alcoholism and	
(This daes not mean the mode of dying, e.g., heart foilure, asthenia, etc. it means the disease,	AXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	
Injury or camplication which caused death.)	b	
Fatts	y metamorphosis of the liver	
(B)	AS A CONSEQUENCE OF:	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	AS A CONSEQUENCE OF:	
UNDERLYING CONDITION LAST.		
Q (V)		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
TO THE DEATH BUT NOT RELATED TO THE TERMINAL		
OF TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W.		
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	AS PERFORMED	21. AUTOPSY? (Yes ar Na)
		YES
Z2A. EXTERNAL CAUSE WAS 22B. PLACE OF INJURY (e.g.,	in or about 22C, WHERE DID (If in Boltimare City, give ex	coct location)
0	te bldg., etc.) INJURY OCCUR?	
☐ UTING CAUSE OF DEATH.  22D. TIME (Month) (Day) (Year) (Hour) 22E.INJURY OCCURRED	22F. HOW DID INJURY OCCUR?	
OF INJURY	WHILE -	
(APPROX.) m. WORK AT V	VORK	
23.	TLAN	
	and that on this basis, death In my	apinian
resulted from: Natural courses XX Accident Suicident	de Homicide Undetermined manner	
	CHIEF MEDICAL EXAMINER	
ACTUAL ASSA S TUCK	ASSISTANT MEDICAL EXAMINER	DATE SIGNED
SIGNATURE	). ASSISTANT MEDICAL EXAMINER	
EXAMINER'S	ASSOCIATE MEDICAL EXAMINER	
NAME (Type) Edward F. Wilson, M.D.		ist 7, 1968
DEMONIAL IC W.	or CREMATORY 24D, LOCATION (City, tay	n, ar caunty) (State)
REMOVAL (Spectly) 8/,0/68 MT RE	BURN BALTOM	
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR		
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	OCC. FUNEDAL DIRECTOR	ADDDECC
AUG 8 1968 R. Cat 2, tarkeyna	25C. FUNERAL DIRECTOR	3f N GIL mon 5

VS 151-REV. 1/1/68

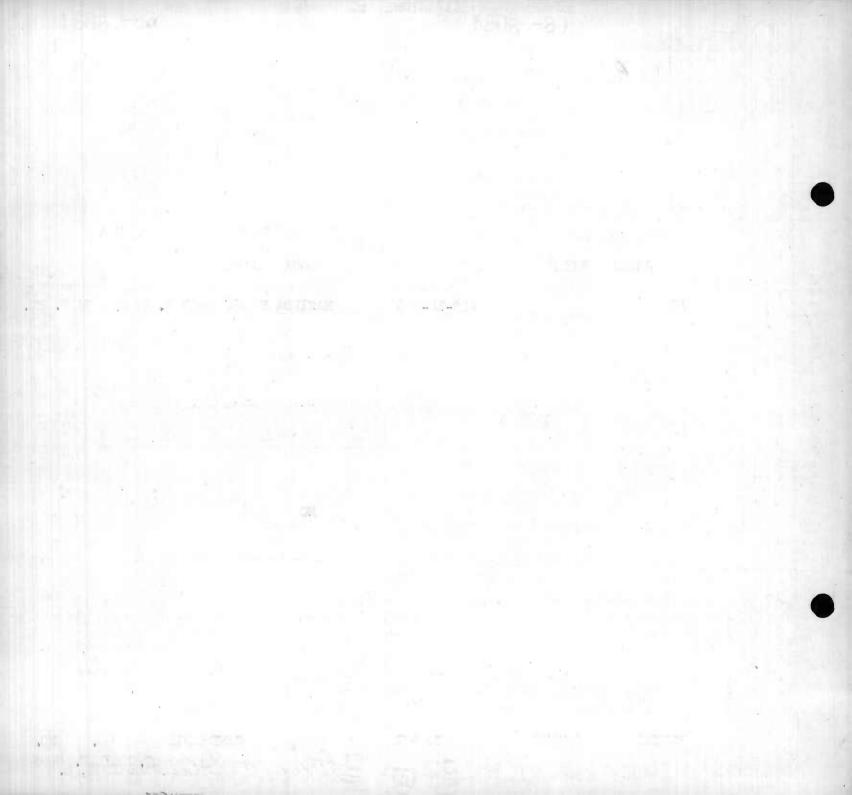
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DIRECTOR:

FUNERAL

VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT

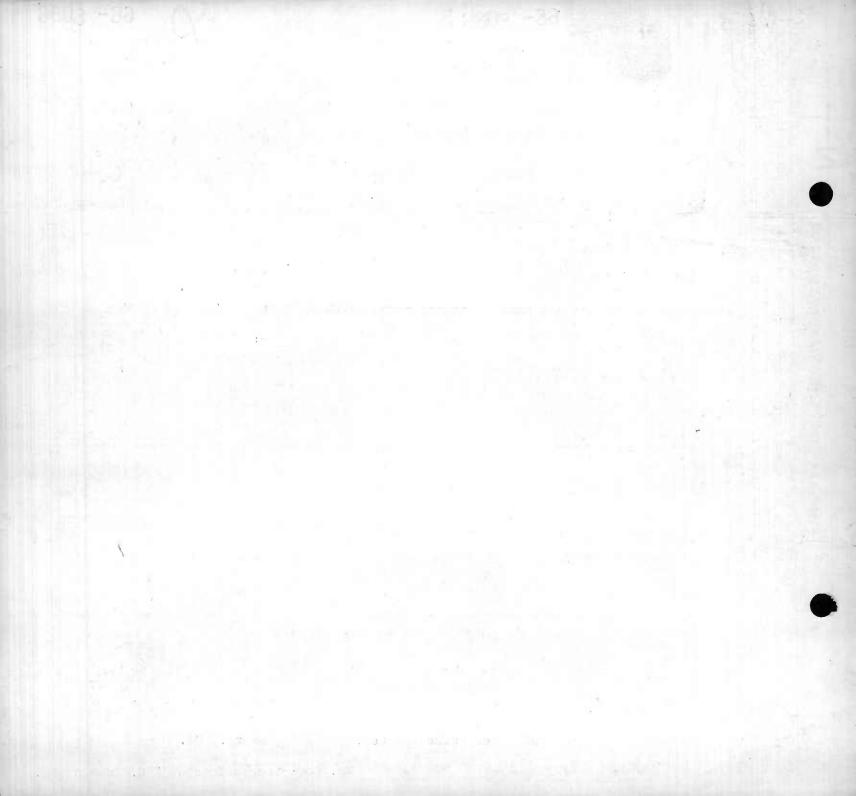


020-C	BIRTH NO.	68-	8085	CERTIFICA	TE OF DEATH	REG	No 68	- 80
deat deat ease n th Suc	1. NAME OF DECE (Type or Print)	Lillian	A	Warren		ist 5, 19		
ospita ie of 5) Dec ince o death.	FULL NAME OF	(IF NOT IN HOSPITAL ADDRESS OR LOCATION			4. USUAL RESIDENCE (Wh A. STATE B. COU Maryland	NTY	timore	33
a h caus se; ( enda to	HOSPITAL OR				Arbutus		D. INSIDE CITY LIM	NO È
ting d cau d cau	90	Hood Nursing 5313 Edmondso			5106 Leeds Av	venue		
ad ad	5. SEX	6. RACE 7.	MARRIED X N	EVER MARRIED	B. DATE OF BIRTH	9. AGE (In ye	eors If Under I	Yr. If U

FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET  HOSPITAL OR INSTITUTION  HOOD NUTSING HOME  5313 Edmondson Avenue  5. SEX  6. RACE  Female  White  Middle  Maryla  14. Mother's Maryla  15. Was Decessed Ever in U. S. Armed Forces?  (Yes, no or unknown) (If yes, give wor or doles of service)  No  Middle  Middle  Middle  Middle  Middle  Maryla  14. Mother's Maryla  Maryla  15. Was Decessed Ever in U. S. Armed Forces?  (Yes, no or unknown) (If yes, give wor or doles of service)  No  Middle	DATE AND HOUR OF DEATH
HOOR NUTSING HOME   STREET   MATPIALOR   MATPULLNAME OF   MADDRESS OR LOCATION)   MATPULLNAME OF   MADDRESS OR LOCATION    MATPULLNAME OF   MADDRESS OR LOCATION    MATPULLNAME OF   MATPULLNAME   M	August 5, 1968
Hood Nursing Home 5313 Edmondson Avenue  5. SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH WIDOWED DIVORCED 8.21-189 10A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY) Homemaker 13. FATHER'S NAME John Mack 15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (Iff yes, give wor or dotes of service) NO  18.  DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meen the mode of dying, e.g., heart foilure, osthania, etc. II means the disease, injury or complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving rise to the above cause (A) stating the UNDERLYING CONDITION lost.  ANTECEDENT CAUSES DISEASES OR CONDITION lost.  TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION (See The Terminal DISEASE OR CONDITION OF MARRIED TO THE TERMINAL DISEASE OR CONDITION OF THE TERMINAL DISEASE OR	Baltimore  Baltimore
5. SEX   6. RACE   7. MARRIED     S. DATE OF BIRTH   S. DIVORCED   S. DATE OF BIRTH   S. DATE OF BIRTH   S. DATE OF BIRTH   S. DIVORCED   S. DATE OF BIRTH   S. DIVORCED   S. DATE OF BIRTH   S. DATE OF BUSINESS OR INDUSTRY   11. BIRTHPLACE (S. Mary law of the distance of the second life with law	D. INSIDE CITY LIMITS?  YES NO NO
S. SEX   6. RACE   7. MARRIED     NEVER MARRIED     8. DATE OF BIRTH   S. DATE OF BUSINESS OR INDUSTRY   11. BIRTHPLACE (S. DATE OF BUSINESS OR INDUSTRY	is Avenue
Temale White   WIDOWED   DIVORCED   8-21-189    10A, USUAL OCCUPATION (Give kind of work   10B, KIND OF BUSINESS OR INDUSTRY   11, BIRTHPLACE (St done during most of working life, even if relized)   HOmemaker   Maryla     13. FATHER'S NAME   14. MOTHER'S MAY   15. Wes Deceased Ever in U. S. Armed Forces?   16. SOCIAL   SECURITY NO.   NONE   Mr. Willi.     15. Wes Deceased Ever in U. S. Armed Forces?   16. SOCIAL   SECURITY NO.   NONE   Mr. Willi.     16. SOCIAL   SECURITY NO.   NONE   Mr. Willi.     17. INFORMANT   SECURITY NO.   NONE   Mr. Willi.     18.	9. AGE (In years   If Under 1 Yr., If Under 24 Hr
10. USUAL OCCUPATION (Give kind of work   108, KIND OF BUSINESS OR INDUSTRY   11. BIRTHPLACE (State done during most of working life, even if retired)   12. BUSINESS OR INDUSTRY   13. BIRTHPLACE (State done during most of working life, even if retired)   14. MOTHER'S MA	4 74
Homemaker  John Mack  John Mack  Theresa  S. Was Deceased Ever in U. S. Armed Forces?  Yes, no or unknown) (If yes, give wor or dotes of service)  No  None  Mr. Willi  CAUSE OF DEATH  (This does not meon the mode of dying, e.g., heart foilure, osthenio, etc. II meons the disease, injury or complication which coused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoting the UNDERLYING CONDITION lost.  WAS PERFORMED  OR CONTRIBUTING   19A. DATE OF OPERATION   19B. CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION   19B. CONDITION FOR WHICH OPERATION   20A. AUTOPSY?  WAS PERFORMED  OR CONTRIBUTING   CAUSE OF DEATH (A)   19A. DATE OF OPERATION   19B. CONDITION FOR WHICH OPERATION   20A. AUTOPSY?  WAS PERFORMED   21B. PLACE OF INJURY (e.g., in or obout 21C. WHILD OR CONTRIBUTING   CONTRIBUTING	te or foreign country) 12. CITIZEN OF WHAT COUNT
John Mack  John Mack  S. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown) (If yes, give wor or dotes of service) NO  None  Theresa  17. INFORMANT  SECURITY NO.  None  Mr. Willi  CAUSE OF DEATH  (This does not meen the mode of dying, e.g., heert foilure, osthenio, etc. II meens the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony, giving rise to the above cause (A) stating the UNDERLYING CONDITION lost.  OTHER SIGNIFICANT CONDITION S CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION IN PART 1 (A).  19A. DATE OF OPERATION  OR CONTRIBUTING ON SPERFORMED  OR CONTRIBUTING ON SPERFORMED  21D. TIME OF INJURY (APPROX.)  21D. TIME (Month) (Doy) (Yeer) (Hour)  21E. INJURY OCCURRED While At Work  At Work  OR CONTRIBUTING ON STATEMENT OF INJURY OCCURRED While At Work  At Work  19 Above the deceased fram While At Work  19 Above the deceased dive an Arman A State of The Security of the deceased fram  Theresa  17. INFORMANT  18. CAUSE OF DEATH  (A) IMMEDIATE CAUSE  DUE TO, OR AS A CONSEQUENCE OR  DUE TO, OR AS A CONSEQUENCE OR  OR AS A CONSEQUENCE OR  (A) IMMEDIATE CAUSE  DUE TO, OR AS A CONSEQUENCE OR  OR AS A CONSEQUENCE OR  (B)  DUE TO, OR AS A CONSEQUENCE OR  (C)  CAUSE OF DEATH  (A) IMMEDIATE CAUSE  DUE TO, OR AS A CONSEQUENCE OR  (B)  DUE TO, OR AS A CONSEQUENCE OR  (C)  CAUSE OF DEATH  (A) IMMEDIATE CAUSE  DUE TO, OR AS A CONSEQUENCE OR  (B)  DUE TO, OR AS A CONSEQUENCE OR  (C)  (B)  DUE TO, OR AS A CONSEQUENCE OR  (B)  DU	u, S, A,
16. SOCIAL SECURITY NO. NONE   17. INFORMANT   18.   19.   16. SOCIAL SECURITY NO. NONE   17. INFORMANT   18.   19.	DEN NAME
NO	Kuger
NO NONE MT. Willi.    The control of the mode of dying, e.g., heard foilure, osthenio, etc. II means the disease, injury or complication which coused death.)    ANTECEDENT CAUSES   Condition of the mode of dying the underlying Condition of the obove couse (A) sloting the underlying Condition lost.    ANTECEDENT CAUSES   Condition of the obove couse (A) sloting the underlying Condition of the obove couse (A) sloting the underlying Condition of the Death But not retaited to the terminal Disease or condition of tyen in Part 1 (A).    Antecedent cause   Condition of the obove couse (A) sloting the underlying condition of the obove couse (A) sloting the underlying condition of the obove couse (A) sloting the underlying condition of the obove couse (A) sloting the underlying condition of the obove couse (A) sloting the underlying condition of the obove couse (A) sloting the underlying condition of the obove couse (A) sloting the underlying condition of the obove couse (A) sloting the underlying condition of the obove couse (A) sloting the underlying condition of the obove couse (A) sloting the underlying condition of the obove couse (A) sloting the underlying condition of the obove couse (A) sloting the underlying condition of the obove couse (B).    Antecedent cause   Condition of the obove couse (B).   Antecedent cause   Condition of the obove couse (B).   Antecedent cause   Condition of the obove couse (B).   Antecedent cause   Condition of the obove couse (B).   Antecedent cause   Condition of the obove couse   Condition of th	ADDRESS 2122
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not meon the mode of dying, e.g., heart foilure, osthenia, etc. II means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony, giving rise to the above cause (A) stoting the UNDERLYING CONDITION lost.  (C)  WAY  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CONTRIBUTING CONDITION FOR WHICH OPERATION WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING CONDITION FOR WHICH OPERATION CORDITION GIVEN IN PART 1 (A).  21B. PLACE OF INJURY (e.g., in or about 21C. WHICH CONTRIBUTING CONTRIBUTION CONTRIBUTIO	m E. Warren, 5106 Leeds Avenue
While At Not White At Work  22. I certify that (I) (this haspital) attended the deceased fram that (I) (we) last saw the deceased alive an Surgery 19 65	Yes or No) 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?  RE DID (If in Boltimore City, give exoct location)
that (1) (we) last saw the deceased alive an July 29 19 65	DID HYDRI OCCUR.
23A SIGNATURE  Attending Med Phys.  23C PHYSICIAN'S 23D. ADDRESS  NAME (Type)	ancis Avenue, Balto., Md. 21227  [24D. LOCATION (City, town, or county) (Stote)
Burial 8-7-68 Loudon Park Cemetery  25A. Date rec'd by Health Dept. 25B. NAME OF REGISTRAR 25C. FUNERAL	Frederick Ave., Balto. Md.  DIRECTOR ADDRESS  H. Hubbard, 4107 Wilkens Ave 21229

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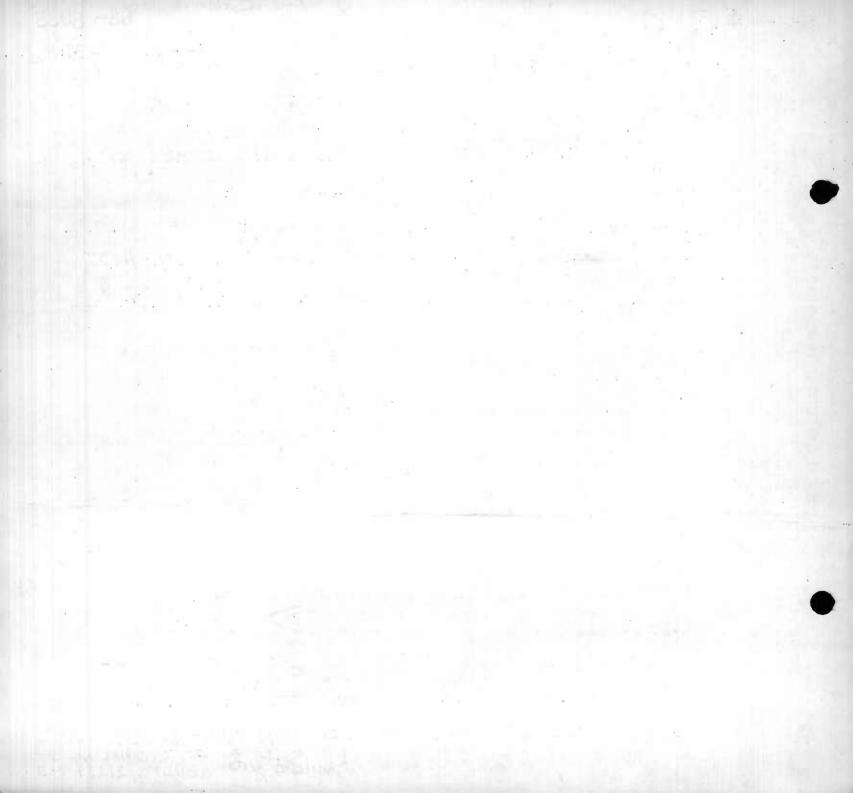
REG. NO.	68-	8086	4
HOUR OF DEATH			
ST 5, 1968 deceosed lived, if insti	itution: residen	1:30 F	M.
Bull	E CITY LIMITS?	53-0	0
D. INSIDI	YES M	NO 🗌	
ene For	C 15 P	5	
AGE (In veors	If Under J. Ye	If Under 24	Hrs.
AGE (In years t birthdoy)	Months Day's	Hours Mi	n.
country)	12. CITIZEN C	F WHAT COU	VTRY?
RYLAND	UNITE	O STAT	ES
MORGAN	OMI	RABILL	3
Same As A	bove	ROXIMATE INTERV	AL
700	BETWE	ROXIMATE INTERV EN ONSET AND D	EATH
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Tu			
8			
	- 10		
20B. IF YES WEDE FIR	ADINGS CON	SIDERED	
208. IF YES, WERE FIN			
(If in Baltimore	City, give exec	t location)	
Frank Frank			
Y OCCUR?			
68 to lug	W1 5	19.4	8
in (my) (our) opini			
13	3B. DATE SIG	NED	
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ATION (City,	the lown, or cou	PALTO	19 Doll
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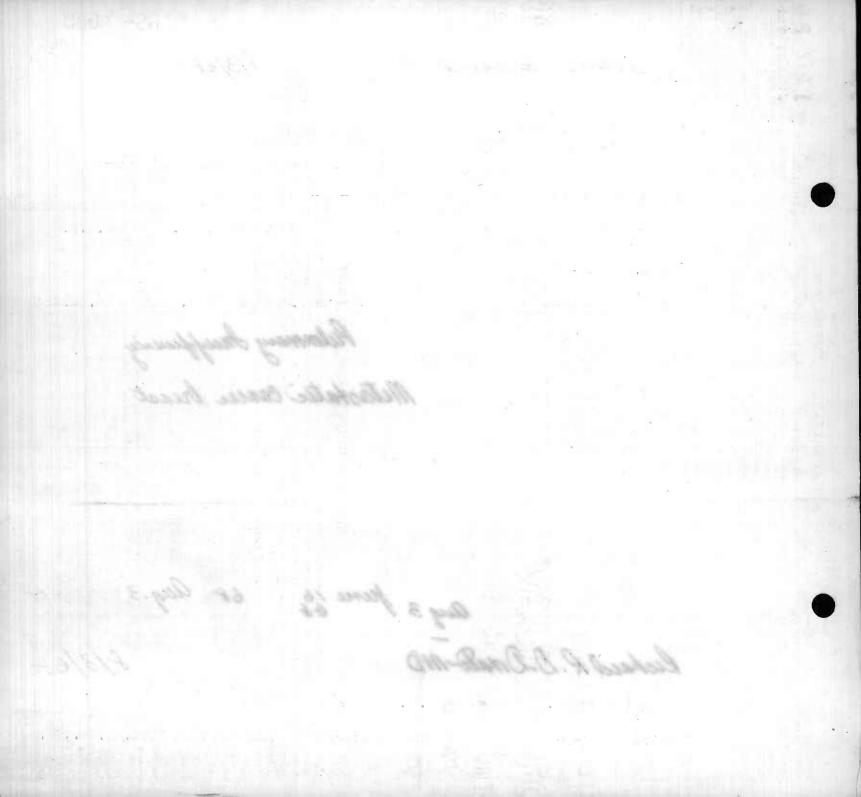
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	BALTIMORE CITY	HEALTH DEPARTMENT	0.00
2	BIRTH NO. 68- 8087 CERTIFICA	TE OF DEATH REG. NO.	68-8087
	BIRTH NO.  1. NAME OF DECEASED	2. DATE AND HOUR OF DEATH	
	(Type or Print) FERNANDEZ, GENEVIEVE	8-6-68	1 7 25 A.
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If insti	tution: residence before admission
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	Md. £	1-01
	HOSPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN D. INSIDI	CITY LIMITSP
-1	MARYLAND GENERAL HOSP.		YES NO
	48	1301 St. PAUL St.	
	5. SEX 6. RACE 7. MARRIED ALTIVED MARRIED		
	MAKKIED NEVER MAKKIED	8. DATE OF BIRTH 9. AGE (In yeors lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY	1,00	12. CITIZEN OF WHAT COUNTRY
	done during most of working life, even if retired)	h 11 42 1	U.S.A.
	Bustness Wanan	Balto, Md.	U.S.A.
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	Louis Henty	Clara Walter	
	15. Wos Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service)  16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
	No 216-07-0406	Hosp. Kecord	
	18. 4 10 91 CAUSE OF DEAT	H	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	M. Torgandial	
	(This does not meon the mode of dying, e.g.,	USE MYOCARDIAL INFARCTION A CONSEQUENCE OF:	10 MIN.
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	A CONSEQUENCE OF.	
	ANTECEDENT CAUSES ANTEON	ioscheroric (-V. Disense	54R.
		A CONSEQUENCE OF:	
	rise to the obave couse (A) stoting the		
	UNDERLYING CONDITION last. (C)		
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	Services Darrage Francis	- Ani
	A DISEASE OR CONDITION GIVEN IN PART   A.	IBRILLATION, ARTERIAL EMBOLIA	MIN
	194. DATE OF OPERATION WAS PERFORMED  7/21/68  198. CONDITION FOR WHICH OPERATION WAS PERFORMED  FEMORAL EMBELECTOMY SIMPLES  21th, ACCIDENT WAS UNDERLYING 121B, PLACE OF INJURY (e.g., in)	20A. AUTOPSY? (Ves or No) 20B. IF YES, WERE FII	NDINGS CONSIDERED
2	7/21/68 FEMORAL EMBELOCHOMY JUMPAN 1214. ACCIDENT WAS UNDERLYING 218. PLACE OF INJURYNESS.	hedery NO	Cu
2	OR CONTRIBUTING CAUSE OF home, form, foctory, street, o	ffice bldg., INJURY OCCUR?	City, give exect location)
	0	OLE HOW DID IN HUN OCCUPS	
	OF INJURY	21F. HOW DID INJURY OCCUR?	
5	(APPROX.) Work At Work		1
	22. I certify that (I) (this heaptrol) ottended the deceosed from	1/21/60 19 ta 0/6	/6819
	that (1) (we) last saw the deceased alive on 8/5/108	19ond that in(my) (aur) apini	an death accurred an the dat
,	and hour and from the causes stated above. (1) (We) (did) (did nor)		
	239 SIGNATURE	ending Med. Staff Director Phys.	38, DATE SIGNED
	DEGREE		8/6/68
5	NAME (Type)	23D. ADDRESS	11
7	C. Thomas FLOTTE, M.D. DEGREE	827 LINDEN AVE, DALTIM	ore, Md 21201
3	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CR	EMATORY 24D. LOCATION (City,	town, or county) (State)
D	Burial New Cathedo	al Cem Balto, Md	
	25A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR	Wm Cook Brooks Inc. 18	217 St. Paul St.

Lans Hurry and the same of th The state of the s



520 68-8	HRU	TE OF DEATH	REG. NO.	68- 8089
1. NAME OF DECEASED (Type or Print) TONES ELE	ANOR M.	2. DATE AN	3/68 -	1230P M
3. PLACE IN BALTIMORE, MARYLAND, WHERE PROPERTY OF THE PROPERT	TITUTION, GIVE STREET	4. USUAL RESIDENCE (When A. STATE B. COUN' MARYLAND	2	nstitution: residence delore admission)
THE JOHNS HOPKINS  BALTIMORE, MD 212	HOSPITAL	BALTIMORE  E. STREET AND NUMBER	Ø. INS	YES NO
		450 ELRINO		# 21224
EMALE WIDOW	ED DIVORCED	8-15-10	ost birthdoy)  57	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B, KIND done during most of working life, even if refired)  House Work.	t Home		ore, 16.	U.S.A.
13. FATHER'S NAME	1	4. MOTHER'S MAIDEN NAM	\E	
GEORGE SPEDDEN		ANNA MAGAVI	ETSKI	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service)	e) 16. SOCIAL SECURITY NO.	7. INFORMANT		ADDRESS
No Is.	CAUSE OF DEATH		s 450 S. E	lrino St.#21224
heart failure, osthenio, etc. It meons the diseo injury or complication which coused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving the country of the	(B) MeX	CONSEQUENCE OF: Can	Insuffic see brea	
injury or complication which coused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving the property of the couse (A) stoting to th	ing DUE TO, OR AS A	trotatic can		
DISEASES OR CONDITIONS, if any, giving to the above couse (A) stoting UNDERLYING CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  179A. DATE OF OPERATION 198. CONDITION FOR WAS PERFORMED	(B) DUE TO, OR AS A (C)	trotatic can	cer bres	FINDINGS CONSIDERED
Injury or complication which coused deoth.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, given it is a to the above couse (A) stoting to UNDERLYING CONDITION lost.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A. DATE OF OPERATION 19B. CONDITION FOWAS PERFORMED  OR CONTRIBUTING CAUSE OF	(B) DUE TO, OR AS A (C)	20A. AUTOPSY? (Yes or No)	208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED
Injury or complication which coused deoth.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving the property of the above couse (A) stoting the underlying condition lost.  II  OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMINATION TO THE DEATH BUT NOT RELATED TO THE TERMINATION PART 1 (A).  1994. DATE OF OPERATION 198. CONDITION FOR WAS PERFORMED  OR CONTRIBUTING CAUSE OF DEATH (notify medical examined)  21D. TIME (Month) (Doy) (Year) (Hour) CONTRIBUTION FOR CONTRIBUTIO	(B) DUE TO, OR AS A the (C)	20A. AUTOPSY? (Yes or No) NO or obout 21C. WHERE DID ce bldg., INJURY OCCUR?	208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
Injury or complication which coused deoth.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving the second of the above couse (A) stoting UNDERLYING CONDITION lost.  II  OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A. DATE OF OPERATION PROPERTION OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.)  22. I certify that (I) (this hospital) attended that (I) (we) lost saw the deceased alive as	ing DUE TO, OR AS A the (C)	20A. AUTOPSY? (Yes or No) NO or obout 21C. WHERE DID ce bidg, INJURY OCCUR?  21F. HOW DID INJU	208. IF YES, WERE IN CERTIFYING CA (II IN BOHIMON) JRY OCCUR?	FINDINGS CONSIDERED USES OF DEATH?  The City, give exact location)
Injury or complication which coused deoth.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving the state of the above couse (A) stoting UNDERLYING CONDITION lost.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMIN. TO THE DEATH BUT NOT RELATED TO THE TERMIN.  19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examined)  21D. TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.)  22. I certify that (I) (this hospital) attended that (I) (we) lost saw the deceased alive a and haur and from the causes stated above 23A. SIGNATURE	ing DUE TO, OR AS A the (C)	or obout 21C. WHERE DID ce bldg., INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  19 and the ew the body after death.	208. IF YES, WERE IN CERTIFYING CA (II IN BOHIMON) JRY OCCUR?	FINDINGS CONSIDERED USES OF DEATH?  The City, give exact location)
Injury or complication which coused deoth.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving the state of the above couse (A) stoting UNDERLYING CONDITION lost.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMIN. TO THE DEATH BUT NOT RELATED TO THE TERMIN.  19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examined)  21D. TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.)  22. I certify that (I) (this hospital) attended that (I) (we) lost saw the deceased alive a and haur and from the causes stated above 23A. SIGNATURE	ing DUE TO, OR AS A thee (C)	or obout 21C. WHERE DID ce bldg., INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  19 and the ew the body after death.	208. IF YES, WERE IN CERTIFYING CA  (tl in Boltimon  JRY OCCUR?  96 P to County  of in (my) (aur) api	FINDINGS CONSIDERED USES OF DEATH?  The City, give exact location)  19  19  10  10  1238, DATE SIGNED  1238, DATE SIGNED
Injury or complication which coused deoth.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving the second of the above couse (A) stoting UNDERLYING CONDITION lost.  II  OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED  OR CONTRIBUTING CAUSE OF DEATH (notify medical examined)  21A. ACCIDENT WAS UNDERLYING OF INJURY (APPROX.)  21D. TIME (Month) (Doy) (Year) (Hour) of INJURY (APPROX.)  22. I certify that (I) (this hospital) attended that (I) (we) lost saw the deceased alive a and haur and from the causes stated above 23A. SIGNATURE  23C. PHYSICIAN'S NAME (Type)  RICHARD R. DIDI	ing DUE TO, OR AS A then (C)	20A. AUTOPSY? (Yes or No) NO or obout 21C, WHERE DID ce bldg,, INJURY OCCUR?  21F. HOW DID INJU 19 and the ew the body after death.  ding Med. Director 3D. ADDRESS  JOHNS HOPK MATORY 24D. LC	208. IF YES, WERE IN CERTIFYING CA  (the In Boltimon of the Inches of th	FINDINGS CONSIDERED LUSES OF DEATH?  The City, give exact location  19  19  10  10  10  10  10  10  10  10
injury or complication which coused deoth.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving the couse to the above couse (A) stoting UNDERLYING CONDITION lost.  II  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMIN. DISEASE OR CONDITION GIVEN IN PART 1 (A).  194. DATE OF OPERATION 198. CONDITION FOR CONTRIBUTING CAUSE OF DEATH (notify medical examined)  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examined)  21A. ACCIDENT WAS UNDERLYING ON CONTRIBUTING CAUSE OF DEATH (notify medical examined)  21A. ACCIDENT WAS UNDERLYING ON CONTRIBUTING CAUSE OF DEATH (notify medical examined)  21A. ACCIDENT WAS UNDERLYING ON CONTRIBUTING CAUSE OF DEATH (notify medical examined)  21A. SIGNATURE (Month) (Doy) (Year) (Hour) 20 (APPROX.)  22A. SIGNATURE (MONTH) (This hospital) attended that (I) (we) lost saw the deceased olive a and haur and from the causes stated above 23A. SIGNATURE (CAUSE OF CAUSE OF	ing DUE TO, OR AS A then (C)	20A. AUTOPSY? (Yes or No) NO or obout 21F. HOW DID INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  19	208. IF YES, WERE IN CERTIFYING CA  (the In Boltimon of the Inches of th	FINDINGS CONSIDERED  USES OF DEATH?  The City, give exact location of the date

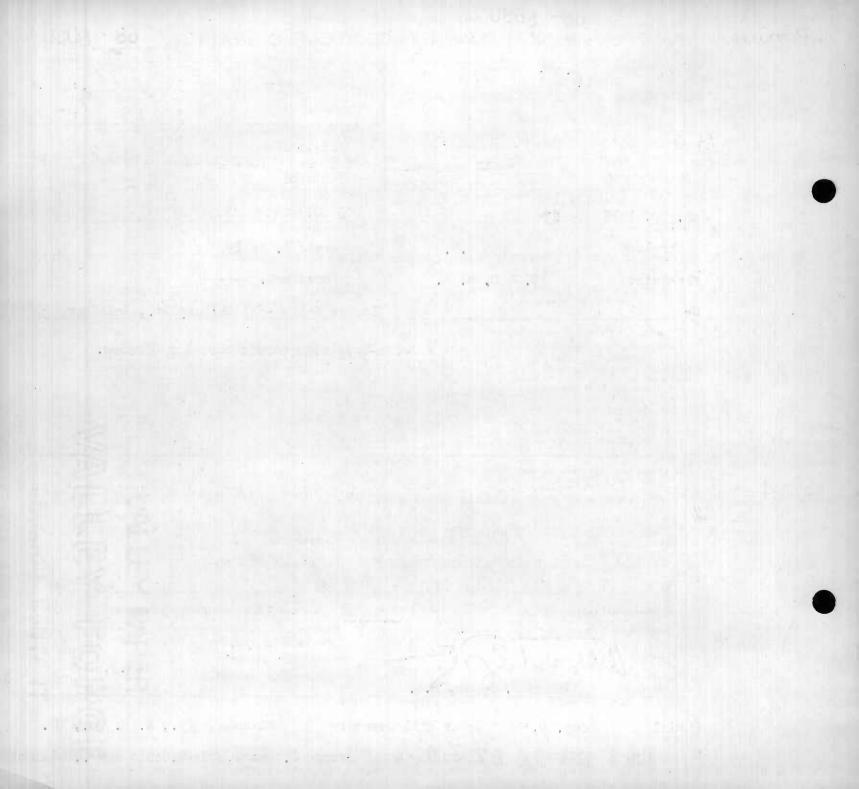


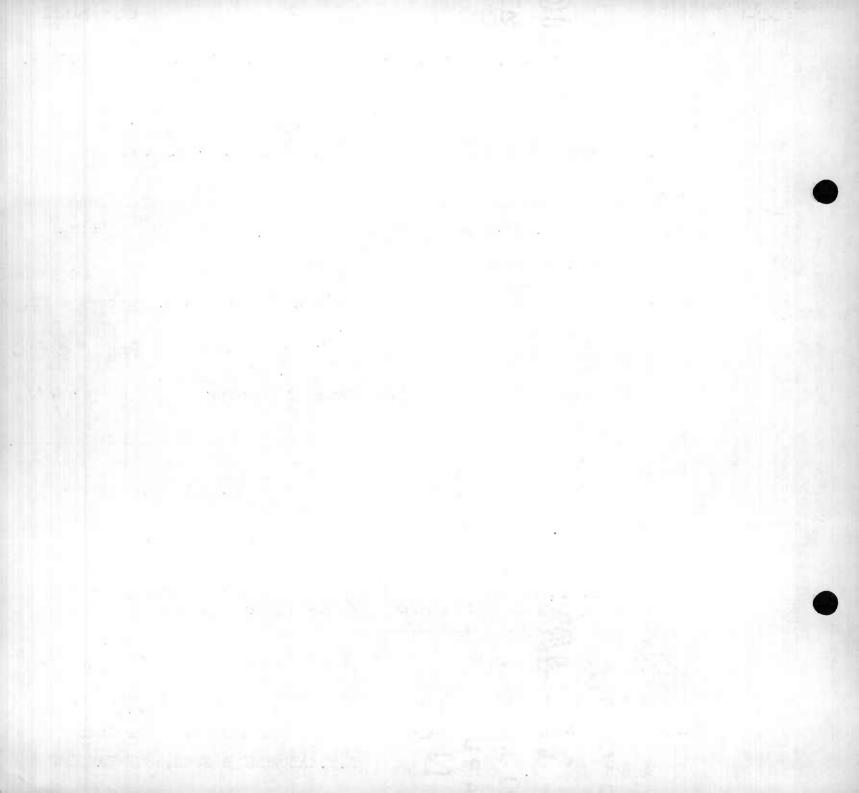
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68- 8090 BALTIMORE CITY HEALTH DEPARTMENT

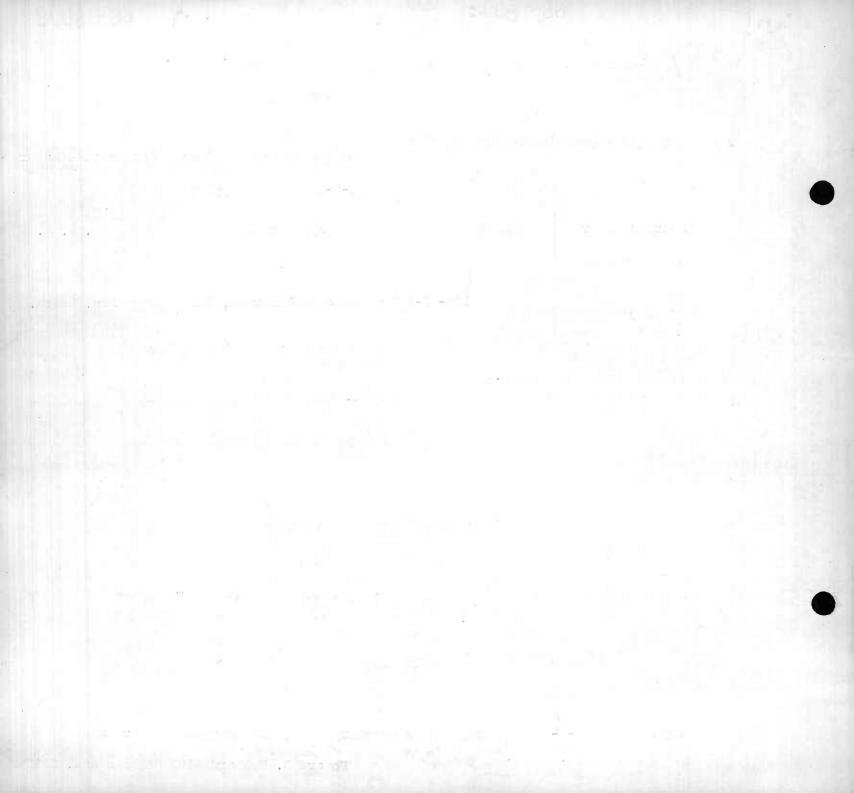
MEDICAL EX	XAMINER'S	CERTIFIC	ATE OF	DEAT	H REG. NO	68-	8030
I. NAME OF DECEASED Scott (Type or Print) Gerald/Kelly		2. DATE OF DEATH	Known   Estimated	Month 8	Day 3	Year 1968	8:40 AM.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONG FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTI HOSPITAL ADDRESS OR LOCATION)		3. DATE PRONOU	NCED DEAD	Month 8	Doy 3	1968	8:50 AM
3 South Baltimore General Ho	ospital	A. STATE	vland		B. COUNTY		efore odmission)
	NEVER MARRIED	C. CITY OR 1	OWN		D. INSIDE	CITY LIMITS?	04
M WIDOWED			ltimore		400	YES X	NO 🗆
Jan. 20, 1915   lost birthday)   Man	nder 1 Yr. If Under 24 Hrs. ths Days Hours Min.	E. STREET AI	Talbott	Street			
	WHAT COUNTRY?	13. FATHER'S	vid L. K	ellv			
4A.USUAL OCCUPATION (Give kind af work 14B. KIND OF lane during mast of working life, even if retired)	BUSINESS OR INDUSTRY	15. MOTHER	S MAIDEN NA	ME			= 1151 + 15
Machinist B. & O.			retta C.				
6. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no or unknown) (If yes, give wor ar dotes of service)	17. SOCIAL SECURITY NO.	18. INFORM				ADDRESS	
No 19. 44. 19 (4)	CAUSE OF DEA		Kelly -	37 Tal	bott St		timore 2122
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A.) STATING THE UNDERLYING CONDITION LAST.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	(B)	as a conseq	JENCE OF:				
DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION 20B. CONDITION FOR	WHICH OPERATION WA	AS PERFORME	D			I21. AUTO	PSY? (Yes or No)
3							es
UNDERLYING OR CONTRIB-	PLACE OF INJURY(e.g., s, farm, factory, street, office	in or about 22 e bldg., etc.) IN	URY OCCUR?	(If in Baltimar	e City, give e	xact locotion)	
OF INJURY (APPROX.) m. V		WHILE 22	HOW DID IN	JURY OCCI	JR?		
23.  I certify that I held on Inquiry	Inspection Au	topsy 🛚	ond that on t	his bosis,	deoth in m	y opinion	
resulted from: Notural couses 🗵 A	ccident Suicid				ned monner		
ACTUAL SIGNATURE SUCCESSION ATURE	M.D	ASSIS	ANT MEDICAL I	EXAMINER		Aug.3,	DATE SIGNED
NAME (Type) Werner U. S	itz, A.D.	ASSOC	IATE MEDICAL I	XAMINER		0.07	
	C. NAME of CEMETERY	or CREMATOR	Y 24D.	LOCATION	(City, to	wn, or county)	(State)
	Cedar Hill Ce		Ri	tchie	Igwy.,	B. A. C	Co., Md.
AUG 8 1968 (Location Aug 8 1968)	OF REGISTRAR		INER AL DIRECT	OR	Ol Rite	ADDRESS	

VS 151-REV. 1/1/68





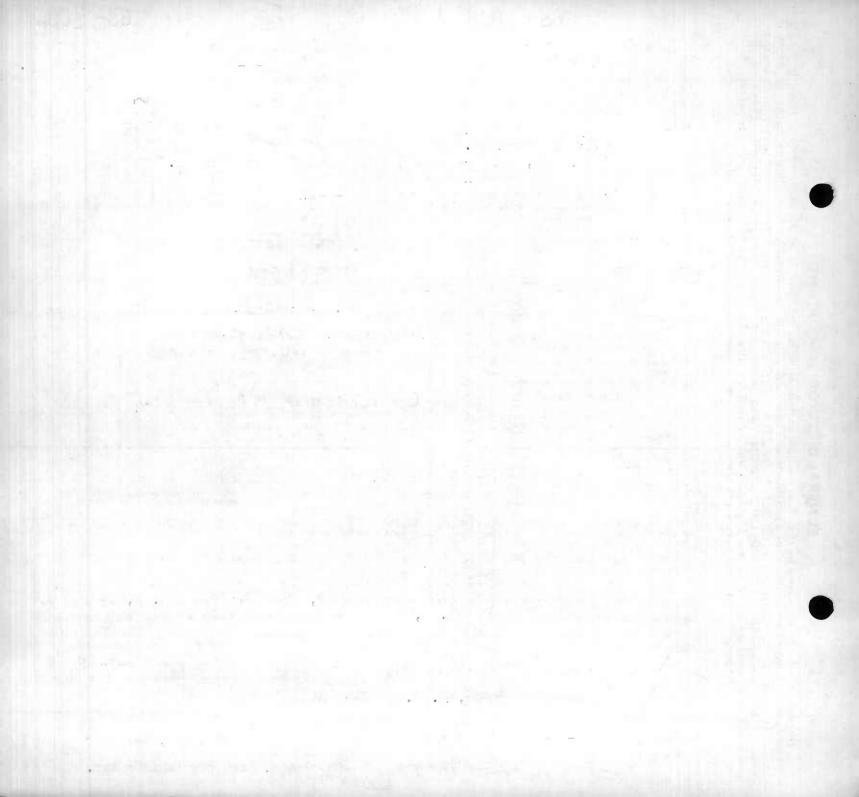
		00-	- 80	132	CERTIFICA	TF O	F DEA	ATH	REG.	NO.	68-	8092	
	TH NO.	EASED			OLICTII 107				ID HOUR OF	DEATH			
(Type or Print) SCHATTERMAN GEORGE							8	3-6-6	8 6-10				M.
3. 1		TIMORE MARYLAND, W	-			4. USUA		B. COUN	re deceased liv	ed. If ins	titution: reside	nce before admissi	
HO	LL NAME OF	(IF NOT IN HOSPITA	AL OR IN:	NOITUTIT	, GIVE STREET		MAR. OR TOWN	YLA.	МО	D. INSIE	DE CITY LIMITS	3320	0
4	LUTI	HERAN HO	37192	上好	MAKYLAND	E. STRE	ET AND N	UMBER			YES 🔀	NO 🗌	
			T-			1	38 K					ille Mano	
5. S		6. RACE	7. MARRI		DIVORCED		of BIRTH 2-1898		9, AGE (In ye last birthday)	70	If Under 1 Y Months Doy	r. If Under 24 H s Hours Min.	
10A	USUAL OCC	JPATION (Give kind of work				111, BIRTH	HPLACE (Sto	ote or farei			12. CITIZEN	OF WHAT COUNT	TRY?
dan		working life, even if retired)  s Maker	Bed	iding		1	MXX I	Mary la	and		1-1-	U. S. A.	
13.	FATHER'S NA	AE	I.				HER'S MA	-					
		Unknown					Unkr	nown					
15. V	Was Doceased	Ever in U. S. Armed Fore	ces?		OCIAL ECURITY NO.	17. fNFOI	RMANT				AD	DRESS	_
	No				6-05-7478	Emm	a Scha	affer	man. 113	88 Mc	Adoo Av	e. Balto.	07
	18. 44 0	/ X 1	11	1	CAUSE OF DEAT				,		AP	PROXIMATE INTERVA	VL.
CERTIFICATION	DISEASES OF THE RESIDENCE OF THE RESIDENCE OF THE DEAT TO SEASE OF CO.	LEADING TO DEATH of mean lhe mode af osthenia, elc. It means plicotian which caused ANTECEDENT CAUSES OR CONDITIONS, if a abave cause (A) CONDITION last.  II ICANT CONDITIONS COI H BUT NOT RELATED TO TO ONDITION GIVEN IN PAR OPERATION 1798. CON WAS PERF	the disected death.)  ony, givestating  NTRIBUTINHE TERMINN TO 1 (A). DITION FO	ing fhe	(A) IMMEDIATE CA DUE TO, OR AS  (B) GOSTO OR AS  (C) ASCORD	A CONSE	EHPKY	SEMA OF:	Chycaic.	Dronc Were F		NSIDERED H?	
CERT	21 A. ACCIDENT WAS UNDERLYING 21B, PLACE OF IN					JURY (e.g., in ar obaut 21 C. WH y, street, office bldg., INJURY						ct location)	_
CAL		medical examiner)	n, factory, street, c	and stages and the stages are									
	21D.TIME (Manth) (Day) (Yeor) (Haur) 21E. INJURY OCCURRED OF INJURY (APPROX.) White At Not While Wark At Wark												
	22. 1 certify	that (1) (this hospital	) ottende	d the de	ceosed from	-27	-49		1968to_	8-	6-	1968	
	that (1) (we)	last sow the deceose	d olive o	on &	-6-6	19	68	ond the	at in(my) (o	our) opin	Ion death o	curred on the d	lote
	ond haur ond from the causes stoted obove. (1) (We) (did) (did not) vi 23A. SIGNATURE  After Phys					view the body ofter death.  23 B. DATE SIGNED  ending Med. Shaff							
	23C. PHYSICIA NAME (T		Bu c	ALIN		23D. ADD	RESS						
	Burial	8-9-68	25B, NAA	Druid	CEMETERY OF CR	metery		Pil	ocation kesville		Maryla		)
. Ve	. A	UG 8 1968	Relie	45.	tallegra	Но	ward 1	H. Hu	bbard 4	107 W	ilkens	Ave. 2122	9



h occurred in a hospital and contributing cause of death itermined cause; (5) Deceased regular attendance on the ceased prior to death. Such is made.
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

		0.0	000	BALTIMORE CITY	HEALTH DEPARTMENT		
BIRTH	NO.	68-	8093	CERTIFICA	TE OF DEATH	REG. NO	<del>-68- 8093</del>
1. NA	or Print) MAR	ANNI	1	INTON		ND HOUR OF DEATH	I P M
3. PL	ACE IN BALTIMORE	MARYLAND, WHE			4. USUAL RESIDENCE (WHA	ere deceased lived. If ins	stitution: residence belong odmission)
HOSP	NAME OF (IF	NOT IN HOSPITAL	OR INSTITUT	ION, GIVE STREET	C. CITY OR TOWN	D. INM	DECITY LIMITS?
36					BALTIMORE		YES NO
4.	NIV OF	MD.	HOSF	· .	E. STREET AND NUMBER	-ilmort s	T BALT 21223
5. SEX	E 6. RAC	111	MARRIED VIDOWED	NEVER MARRIED DIVORCED	B. DATE OF BIRTH	9. AGE (In years tost birthdoy)	II Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
			B, KIND OF E	USINESS OR INDUSTRY	11. BIRTHPLACE (Stole or fore	eign country)	12. CITIZEN OF WHAT COUNTRY?
	Uning most of working I				MARYLA		USA
13. FA	TO he	WebsT	len		14. MOTHER'S MAÍDEN NA	Benton	
15. W	s Deceased Ever in	U. S. Armed Forces	?	6. SOCIAL	17. INFORMANT		ADDRESS
, es a fi	Ma yes,	give wor or dotes o	. services	SECURITY NO.	50N	215-5	Gilacon
18	1 4 1 9			CAUSE OF DEAT		5/9 4.	APPROXIMATE INTERVAL
	DISEASE OF	ONDITION DIREC	TLY				BETWEEN ONSET AND DEATH
		NG TO DEATH		(AND AND EDIATE CAL	A CONSEQUENCE OF: /WW	CARCINOMI	0 .?
	This daes not mee						
	eart failure, astheni njury ar camplicatio						
	ANTECE	DENT CAUSES		pno	Carlo mand P	70 m 2.1	houth
0	ISEASES OR CO	NDITIONS, if ony	aivina	(B) DUE TO, OR AS	A CONSEQUENCE OF:	10m per	MONTAN
ri	se to the abay						
U	INDERLYING CON	DITION fost.		(c)		***************************************	
ĕ IT€	THE DEATH BUT N	ONDITIONS CONTROL RELATED TO THE I	TERMINAL				
		TION 198. CONDITION WAS PERFOR	ON FOR WI	HICH OPERATION	20A. AUTOPSY? (Yes or N	O) 20B. IF YES, WERE F	INDINGS CONSIDERED USES OF DEATH?
U 2	A. ACCIDENT WAS R CONTRIBUTING EATH (notify medicol	CAUSE OF			fice bldg., INJURY OCCUR?	(If In Baltimare	City, give exoct locofian)
21	D. TIME (Month	(Doy) (Year) (H	Hour) 21E, I	NJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?	
5 0	F INJURY		White	At Not Whit	e 🗍		
		N	Work	At Work	. /		8/10
22	2. I certify that	(this haspital) a	ttended the	deceased fram		19 68 ta	8/5 1968
		w the deceased o		8/3			nian death accurred on the date
a	nd haur and fram t	he causes stated	abave. (1)	(Wa) (did) (d####) v	lew the bady after death.		
23	A. SIGNATURE	, 11					238, DATE SIGNED
	1. tra	nk Ho	The	The REGREE Phy	ending Med.  Director	Staff Phys.	8/5-/68
23	C. PHYSICIAN'S NAME (Type)	1 1/200			23D. ADDRESS	/ - /	
0.4.6	1. FRAN	L HART	MAN	DEGREE	UNIV 9	I mas, b	4040
	BURIAL CREMATION REMOVAL (Specily)	I, 248. DATE	24C. NAA	AE of CEMETERY OF CR	EMATORY 24D/I	LOCATION (Cit	y, town, or county) (Stote)
13 25A. I	DATE REC'D BY HEA	8 /8 / 196 ALTH DEPT 25	8 ST B. NAME OF	REGISTRAR	25C. FUNERAL DIRECTO	BAL ISC	AND MO
	AUG 8	1968 P.	0. 52	Fredowna	(Cro ) 60,	WCE 4001	(RITCHIO Huy

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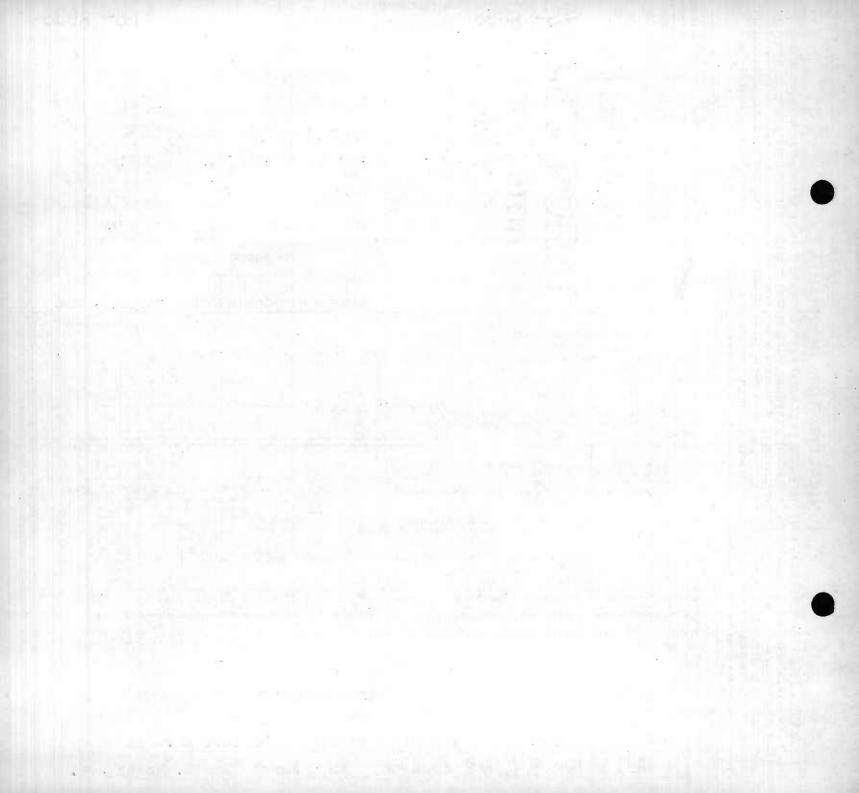
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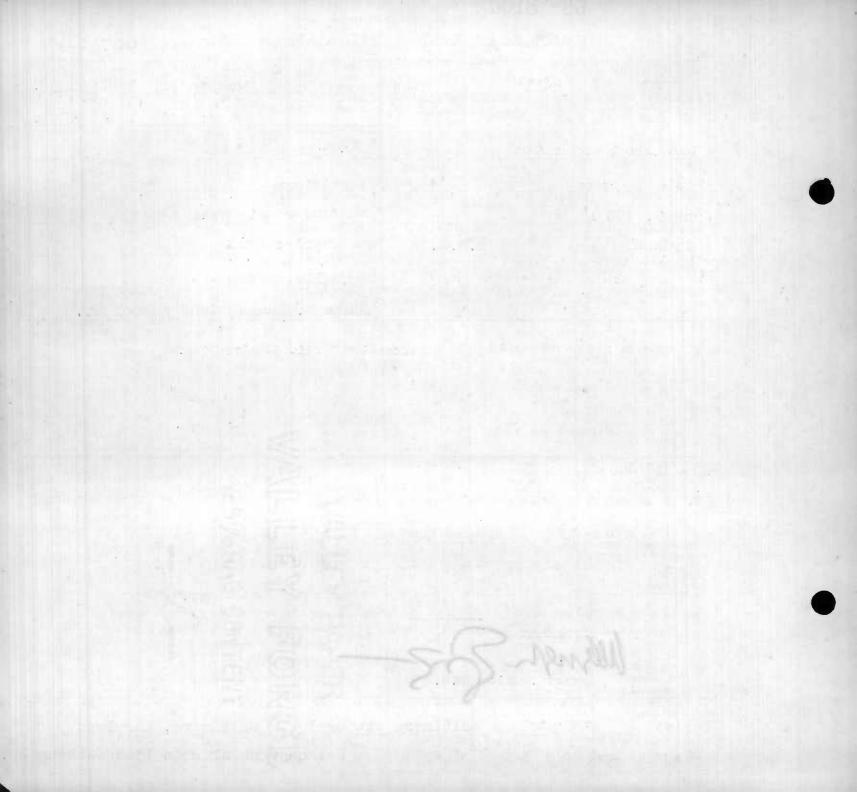
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MEDICAL	EXAMINER'S C	ERTIFICAT	TE OF	DEATH	1 No	68-	8097
BIRTH NO.					REG. NO.		
NAME OF DECEASED			own 🔽	Month	Doy	Yeor	Hour
JERRY WILKES		OF DEATH Est	imoted 🔲	8	4	68	6:00 p.M.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRO	NOUNCED DEAD	3. DATE		Month	Doy	Yeor	Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION)  OR INSTITUTION		5. USUAL RESIDEN	Aı	ugust	4	1968	6.00 p. M.
$\wedge \wedge$		A. STATE	ACE (Muere o		B. COUNTY	n; residence b	erore damission)
1842 Lormon St.			yland				
6. SEX 7. RACE 8. MARRIE	D NEVER MARRIED	C. CITY OR TOWN	V		D. INSIDE C	CIMITS?	TIL
Male Colored WIDOWE	D DIVORCED	Balto.			X	ED 1	NOT
(lost birthday) M	f Under 1 Yr. ff Under 24 Hrs. Jonths Doys Hours Min.	E. STREET AND N	IUMBER				
3-6-92 76	CITIZENIOS	1842	Lormer	St.			
11. BIRTHPLACE (Stote or foreign country)  12  Virginia	WHAT COUNTRY?	Charle		ces			
14A. USUAL OCCUPATION (Give kind of work 14B. KIND C	OF BUSINESS OR INDUSTRY	15. MOTHER'S MA	AIDEN NAME				
done during most of working life, even if retired)		Maggie	W1112	0			
Laborer 16. WAS DECEASED EVER IN U.S. ARMED FORCES?	17. SOCIAL	18. INFORMANT	MITTY	20	A	DDRESS	
(Yes, no or unknown) (If yes, give wor or dotes of service)	SECURITY NO.	/ Mara T	00 18/4 7	liron	1049 1	ammon	Street
Yes WWI	218-01-4904 CAUSE OF DEAT		ee MT1	rkes	104%		PROXIMATE INTERVAL
160,11	CAUSE OF DEAT	In .					EEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY							
LEADING TO DEATH	(A)IMMEDIATE C	AUSE Carcin	oma of	the 1	ung		
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. ft means the disease,	DUE TO, OR A	S A CONSEQUENCE	OF:		0		
Injury or complication which coused death.)							
ANTECEDENT CAUSES							
DISEASES OR CONDITIONS, IF ANY, GIVING	DUE TO, OR A	AS A CONSEQUENC	E OF:				
RISE TO THE ABOVE CAUSE (A) STATING THE							
UNDERLYING CONDITION LAST.	(C)						
E/63× "							
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMIND DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION 20B. CONDITION FOR							
DISEASE OR CONDITION GIVEN IN PART 1 (A).	A 100 Maria warranta a 100 Maria 100						
20A. DATE OF OPERATION 20B. CONDITION FO	OR WHICH OPERATION WA	S PERFORMED				21. AUTO	PSY? (Yes or No)
Ō							No
₹ 22A. EXTERNAL CAUSE WAS   22	B. PLACE OF INJURY (e.g.,	in or obout 22C. W	HERE DID (IF	in Boltimore	City, give ex		No
UNDERLYING OR CONTRIB-	ome, form, foctory, street, office	bldg., etc.) INJURY	OCCUR?				
22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. UTING CAUSE OF DEATH.  22D. TIME (Month) (Doy) (Yeor) (Hour)	22E.INJURY OCCURRED	22F H6	DW DID INJU	IPV OCCII	D2		
OF INJURY		WHILE -	סניוו טום יייכ	JKI OCCO	Kr		
(APPROX.)				311			
23.	. च्यि						
I certify that I held on Inquiry							
resulted fram: Natural couses XX	Accident Suicid	e Homicid	le U	ndetermin	ed monner		
0 10.11	10	CHIEF	MEDICAL EX	AMINER			DATE SIGNED
ACTUAL half // Ku	m.D.	ASSISTANT	MEDICAL EX	AMINER :	XX		DATE SIGNED
SIGNATURE EXAMINER'S			MEDICAL EX	AMINER			
	Kornblum, M.D		MEDICAL CA	TOTAL TER		August	5, 1968
24A. BURIAL CREMATION. 24B. DATE	24C. NAME of CEMETERY	or CREMATORY	24D. LC	CATION	(City, tow	n, or county)	
REMOVAL (Specify)	D-24. W-1:	7	73.5	14.	162		
Burial 8/8/68	Balto Natio			lto.,			
25A. DATE REC'D BY HEALTH DEPT. 25B. NA	ME OF REGISTRAR	25C. FUNER	AL DIRECTOR	2		ADDRESS	
AUG 8 1968 Plant	2. Stankeyna	Wm C	March	928	E. N	orth A	ve.

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DIRECTOR:

FUNERAL

VS 150-REV. 1/1/6B

BALTIMORE CITY HEALTH DEPARTMENT

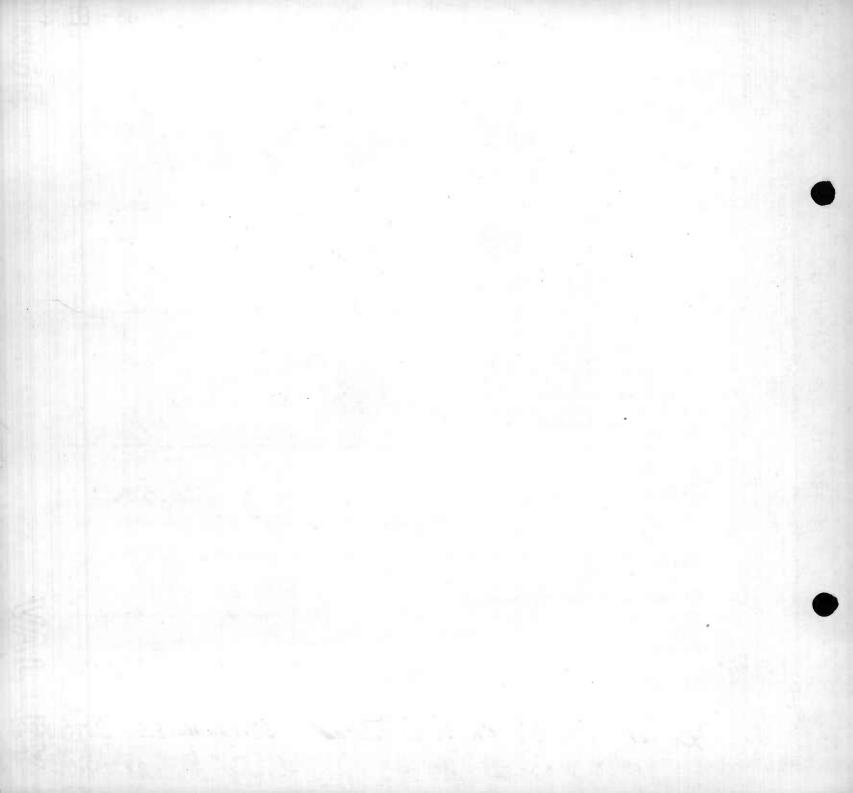
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BETWEEN ONSET AND DEATH

ADDRESS

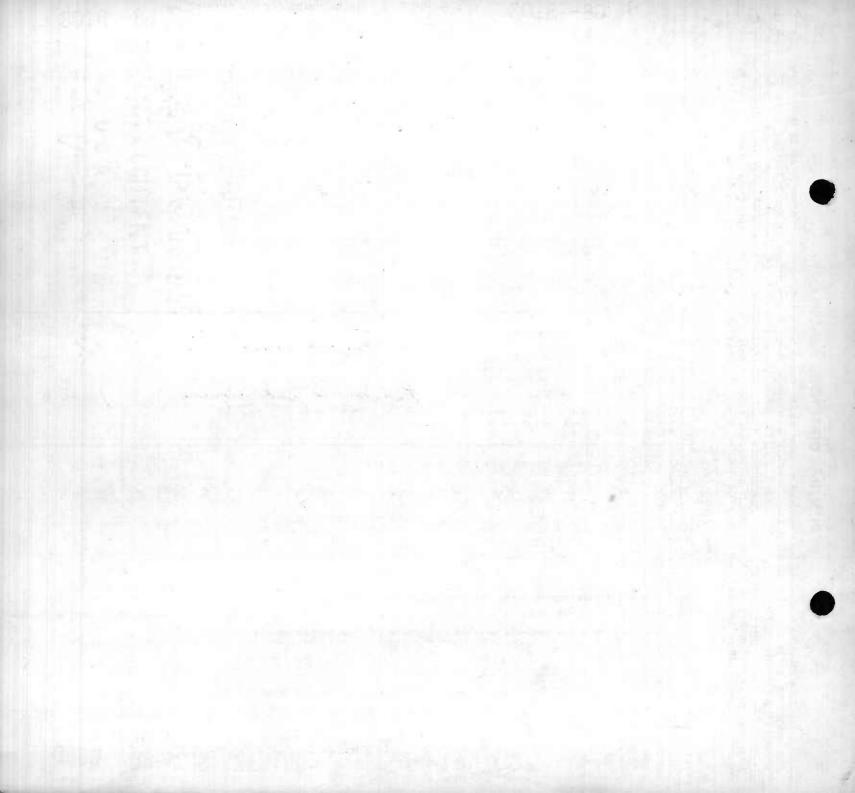
If Under 24 Hrs.

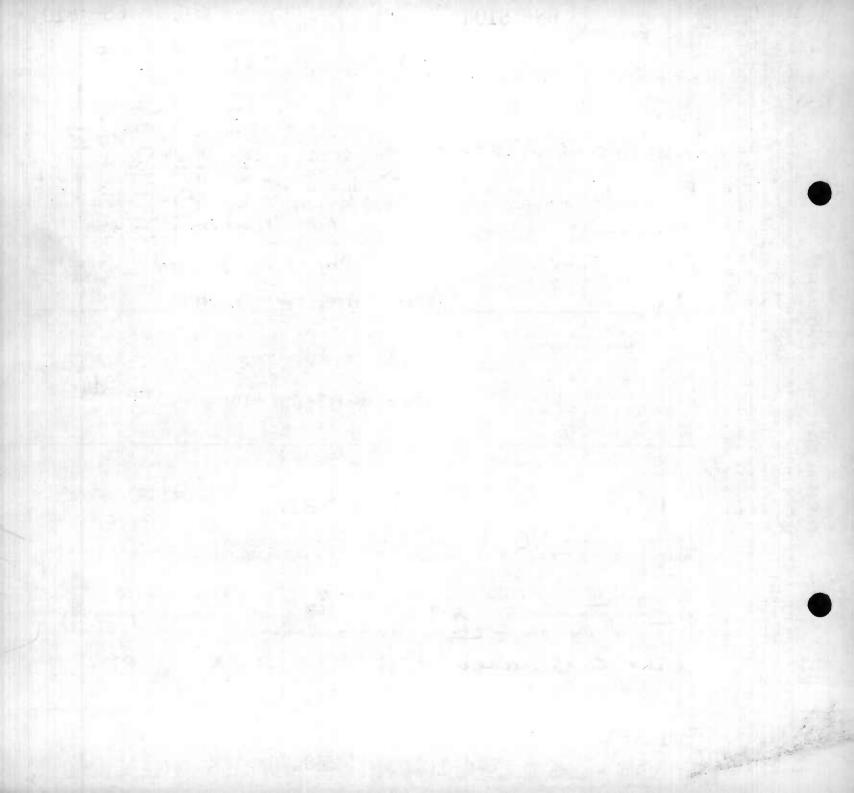


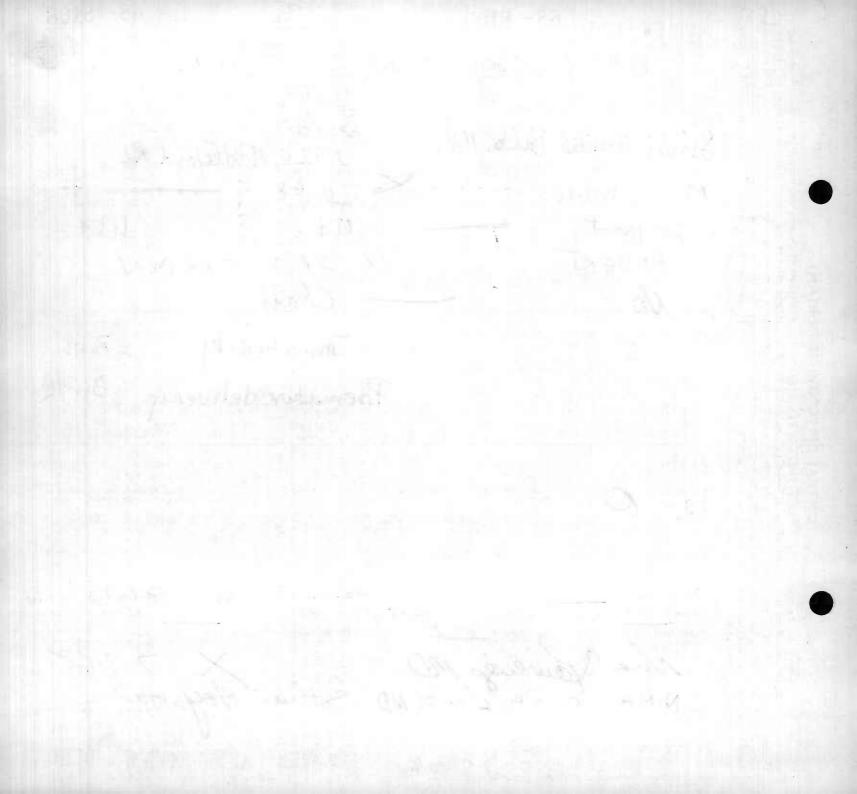
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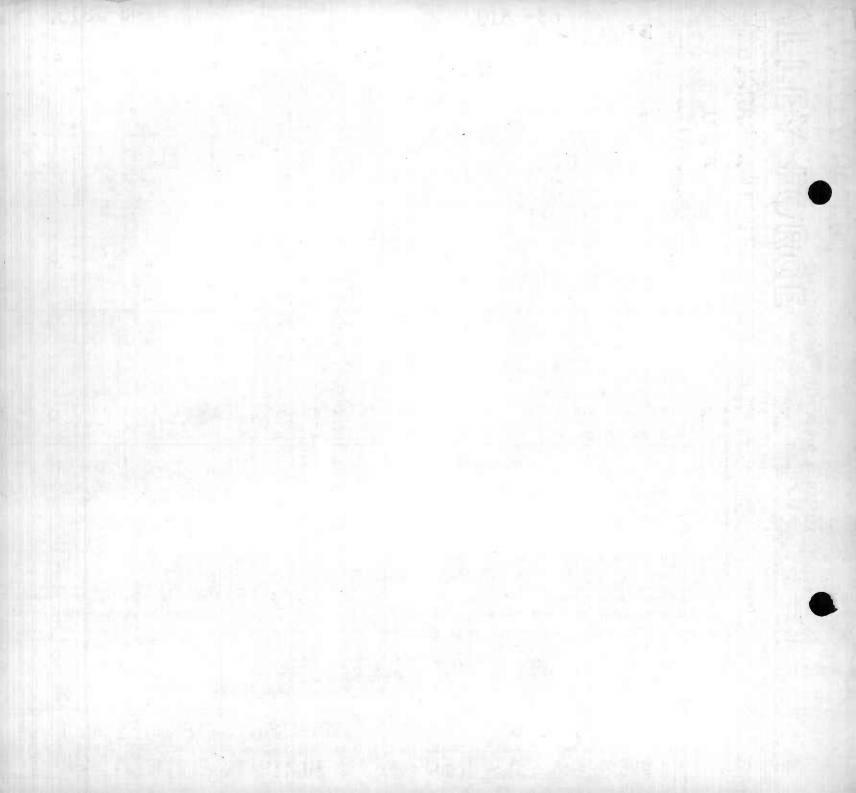
	68- 81	03	BALTIMORE CITY	HEALTH DEPARTMENT		68-8103
BIRTH NO.	00 04		CERTIFICA	TE OF DEATH	REG. NO	00- 9103
I. NAME OF D	ECEASED			2. DATE A	ND HOUR OF DEATH	. 25
Type or Print)	Joseph B	1121	KE	7-2	9-68	17-Pm
3. PLACE IN B	ALTIMORE, MARYLAND, W	HERE PROM	OUNCED DEAD	4. USUAL RESIDENCE (Wh.	ere deceased lived. If i	nstitution: residence before admissio
FULL NAME C	OF (IF NOT IN HOSPIT	AL OR INS	TITUTION, GIVE STREET	Md	/	2-01
OSPITAL OR	ADDRESS OR LOCA	(NOTE		C. CITY OR TOWN	D. INS	SIDE CITY LIMITS?
SINA	i HOSPITI	A L,	INC	BALTIM	ORE	YES NO
111		· IIIE		E. STREET AND NUMBER	Later III	
700				3900 Charl	les Street	
SEX	6. RACE	7. MARRIE	D NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 H Months: Doys Hours Min.
M	W	WIDOW	ED DIVORCED	10/15/97	10	
	CUPATION (Give kind of work of working life, even if retired)	10B, KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for	eign country)	12. CITIZEN OF WHAT COUNT
one guring mosi	or working the, even it rented)					
FATHER'S N	IAME	1.		14. MOTHER'S MAIDEN NA	ME	
. Was Deces	sed Ever in U. S. Armed For	cos?	1 6. SOCIAL	17. INFORMANT		ADDRESS
es, no or unkno	wn) (If yes, give wor or dote	s of service	SECURITY NO.	THE ORIVINAL T		ADDRESS
18. 199	1.0		CAUSE OF DEAT	H		BETWEEN ONSET AND DEA
DISE	ASE OR CONDITION DI	RECTLY		C	10:	7
(This does	nat mean the made of	dvina e	(A) IMMEDIATE CAL	A CONSEQUENCE OF:	arous	
heart loilu	re, asthenia, etc. It means	the diseos	se,	A CONSEQUENCE OF:		
injury ar c	amplication which caused		Pa-	A. t.	10	1 -
	ANTECEDENT CAUSES		(8) Oer	A CONSEQUENCE OF:	repus	/ month
DISEASES rise to						
	NG CONDITION last.		(C)			
199.	2 11					
	NIFICANT CONDITIONS CO					
A DISEASE OF	R CONDITION GIVENIN PAR	T I (A).		100 A	V 000 10 100	•••••••••••••••••••••••••••••••••••••••
DATE	OF OPERATION 198. CON	FORMED	MARLE A . M	20 A. AUTOPSY2 (Yes or N	IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
21A. ACCII	DENT WAS UNDERLYING	1 1	WICH OMOGOSC		06.1.0.10	Cu
OR CONTR	BUTING CAUSE OF	1	21B. PLACE OF INJURY (e.g., i	ffice bldg., INJURY OCCUR?	(If in Boltimo	re City, give exoct location)
ט 🗆	tify medical examiner)		etc.)			
OF INJURY	(Month) (Doy) (Year)		TE. INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?	
(APPROX.)			While At Not While Work At Work	° 🗖	. \	Λ
22. 1 certi	ify that (1) (this hospito	) attended	the deceased from	-Xuly 13	19 6 to 0/6	144 29 196 F
that (1) (w	(e) last saw the decease	d olive o	Cuty 29	19 6 8 and	hat In (my) (out) on	inion death accurred on the d
						mon dodin decorred on the d
23A. SIGNA	111111111111111111111111111111111111111	rea-abave.	(i) (we) (did) (did not) (	iew the body ofter deoth.		23B, DATE SIGNED
230. 31017	VICMO	cul	Atte	onding Med.	Shoff FER	11/2 29/10
000 0111111	20 C 7/100	V	DEGREE Phy		Staff Phys.	June 0 1/68
23C. PHYSIC NAME	(Type)			23D. ADDRESS		
			DEGREE	TO LET DO LDD	OF MADV	LAND
4A. BURIAL C			NAME OF CEMETERY AR	MOTALY BUARD	rodelon All	(Stote)
	8-6-6	00		COCITY MED	ICAL SCH	dol
5A. DATE REC	D BY HEALTH DEPT.	258 NAM	E ON REGUSTRAN	130 UNBAL DILLETO	ICAL SCI	TOT IPPRINT
	AUG 8 1968 (	Colver	15' MMANIN	MORTU	AKY SEKY	ICE - DUID
		-				

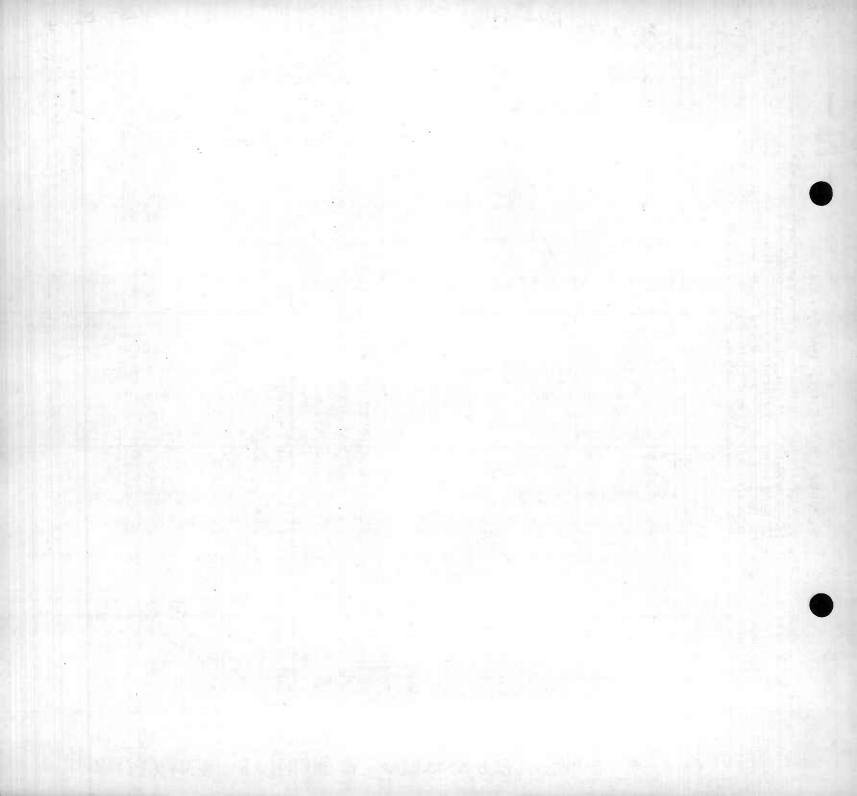
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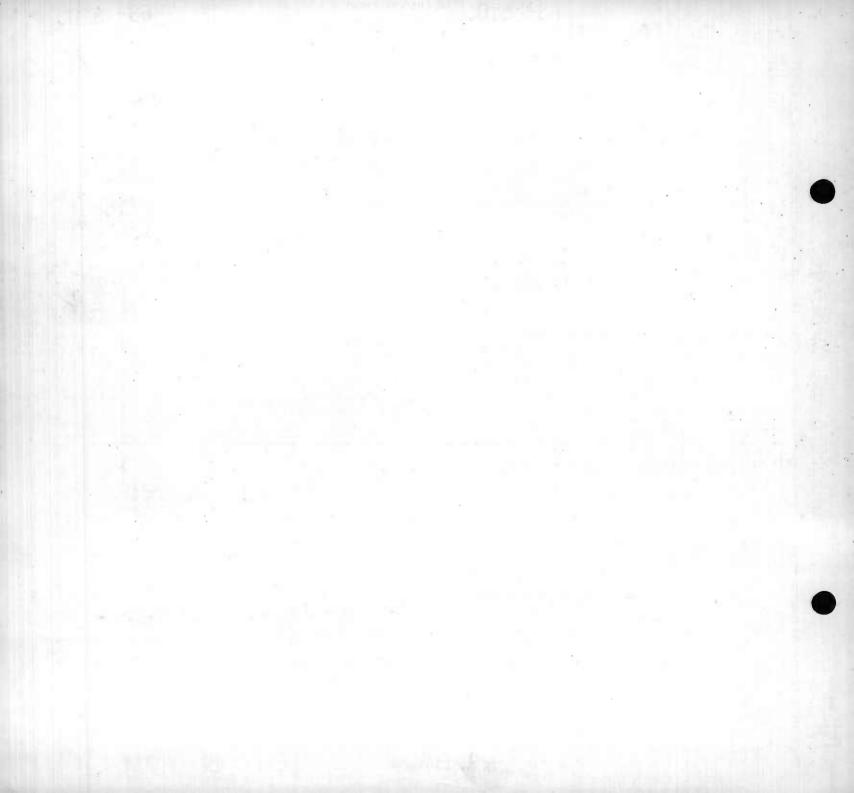


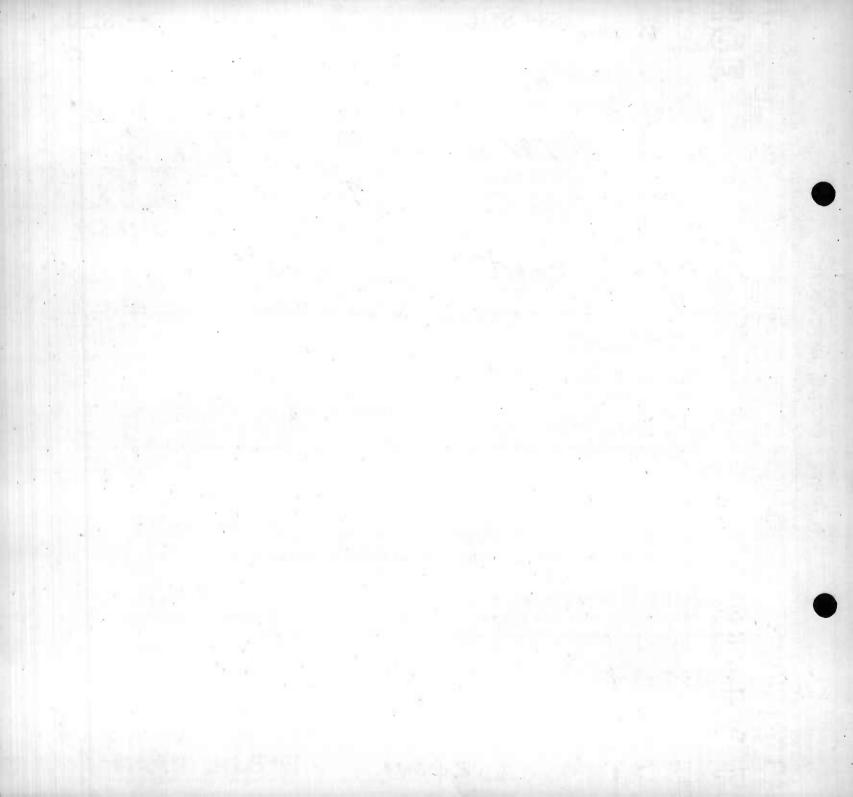


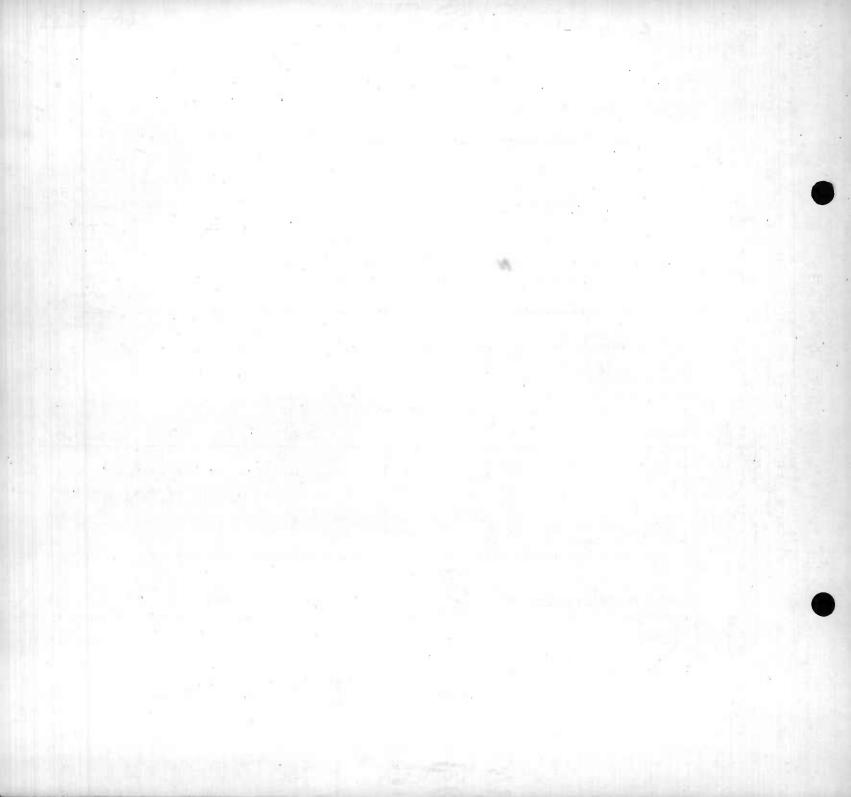




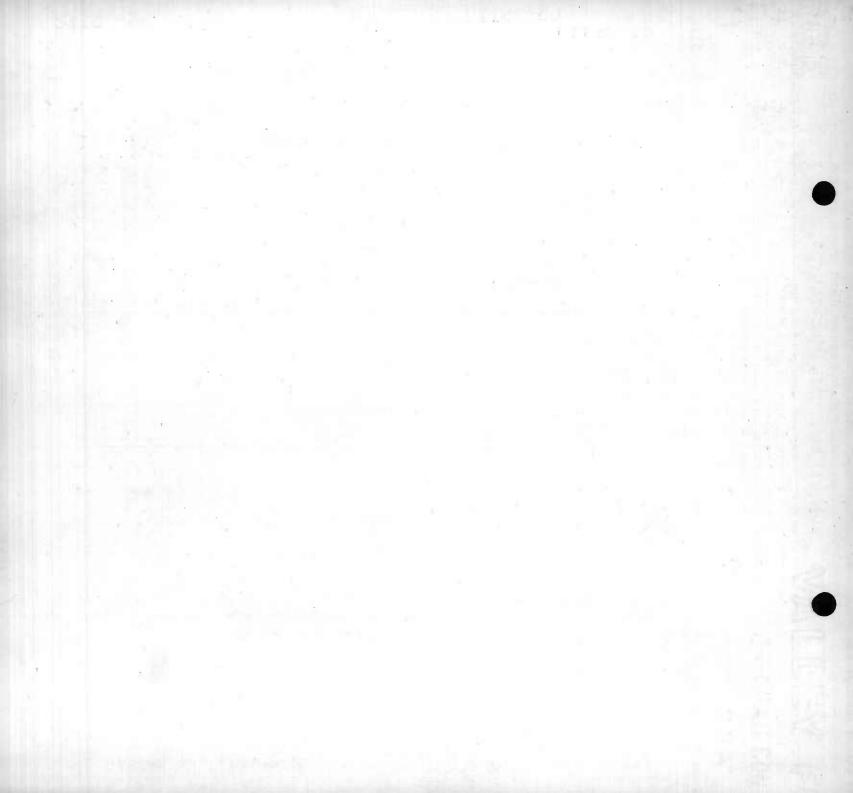
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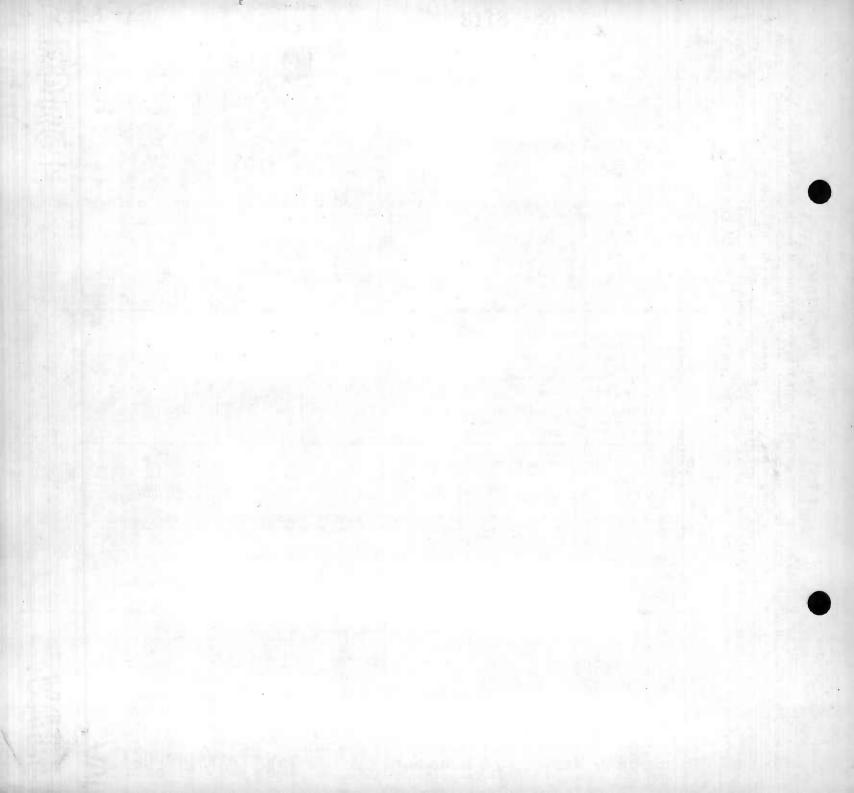






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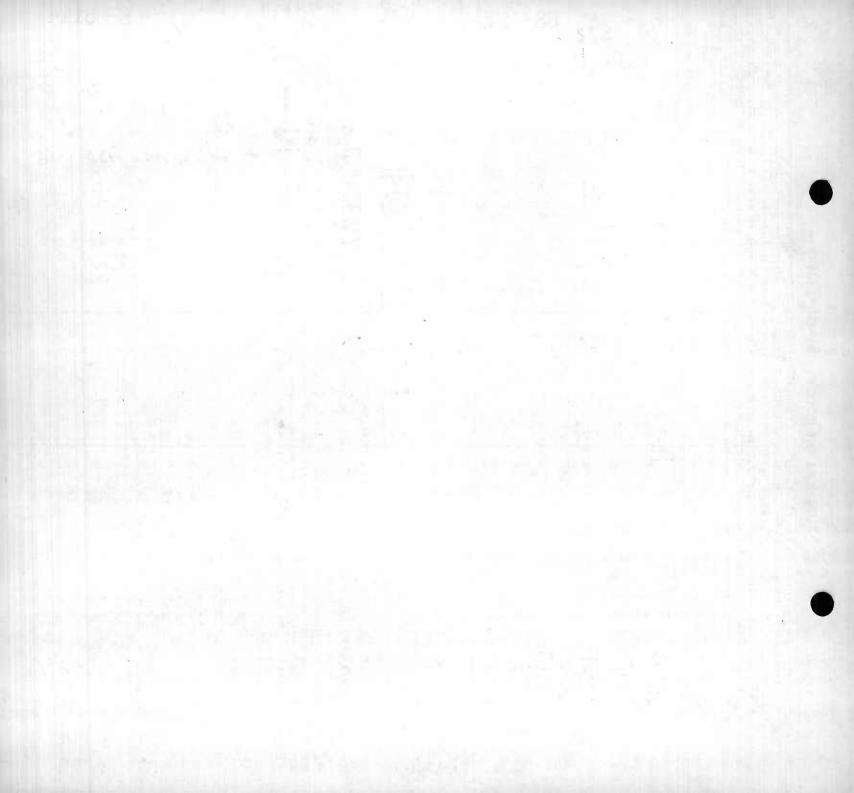




If Under 1 Yr. If Under 24 Hrs. Hours 12. CITIZEN OF WHAT COUNTRY? APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 20B. IF YES. WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exoct location) and that in (my) (our) opinion death occurred on the date 23B, DATE SIGNED VS 150-REV. 1/1/6B

200

NO



2-635

## 68- 8115 BALTIMORE CITY HEALTH DEPARTMENT

AAFDICAL	EV A LAIN LEDIC	CEDTICIC A TE	OF DEATH
MEDICAL	FXAMINERS	CERTIFICATE	()FI)FAIH

IRTH NO.	REG.	NO.
NAME OF DECEASED  ype or Print)	2. DATE Known Month Doy	Yeor Hour
ALPHONSE JORDAN	DEATH Estimated X August 6	, 1968 7:45 Am
PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy	Yeor Hour
ILL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	PRONOUNCED DEAD August 6,	1968 10:40 A
INSTITUTION	5. USUAL RESIDENCE (Where deceased lived. If inst	
P10 P P 4 A	A. STATE B. COUN	JTY
510 E. Fort Avenue	Maryland D. INSII	DE CRY LIMITSE
MARKIED INEVER MARKIED		4-00
male white widowed Divorced		YES NO L
DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Months; Doys; Hours;		*
10/1906 62	510 E. Fort Avenue	
BIRTHPLACE(State or foreign country) 12. CITIZEN OF	13. FATHER'S NAME	1
Read LIVI ALL WHAT COUNTRY?	Salvatine Gu	ROANO
A.USUAL OCCUPATION (Give kind of work) 148. KIND OF BUSINESS OR INDU		RYAND
eduring most of working life, even if retired)	T. 1.	1
Self Employed - City	YOSEPHINE COLU	ADDRESS O
WAS DECEASED EVER IN U.S. ARMED FORCES?  s, no og unknown) (If yes, give wor or dotes of service)  17. SOCIAL SECURITY NO.	IB. INFORMANT	ADDRESS
No 213-05-77	114) Alvatore -lordAN - 7	305 TRINCEGEOR
19. CAUSE OF	DEATH	APPROXIMATE INTERVAL BETWEEN ONSET AND DEA
DISEASE OF CONDITION DIRECTLY	4	
	not Wound of Abdomen	
(This does not mean the mode of dying, e.g., OHETO	ATE CAUSE , OR AS A CONSEQUENCE OF:	
heort foilure, osthenio, etc. It meons the diseose, injury or complication which coused death.)	, our not consequent of or	
	**	
ANTECEDENT CAUSES (B)		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	, OR AS A CONSEQUENCE OF:	
UNDERLYING CONDITION LAST.		
(c)		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION	NI WAS REDEORMED	21. AUTOPSY? (Yes or No)
DATE OF OPERATION 2005. CONDITION FOR WHICH OPERATION	N WAS PERFORMED	21. AUTOPST? (165 OF 110)
		No
	(e.g., in or obout 22C. WHERE DID (II in Boltimore City, gir t, office bldg., etc.) INJURY OCCUR?	ve exoct location)
UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.    One   home, form, foctory, street	510 E. Fort Avenue	
220 TIME (Manth) (Day) (Manth) 1225 INTERNATIONAL	DED 22E HOW DID INITIDY OCCUPS	
(APPROX.) 8/6/68 bet 7:45 A WHILE AT WORK	NOT WHILE Subj. shot self in	abdomen
23.	Al WORK [A] Subj. Shot Sell In	abdomen
I certify that I held an Inquiry Inspection	Autopsy ond that on this basis, death in	n my opinlon
resulted from: Notural couses Accident S	uicide X Homicide Undetermined mon	ner 🗀
11/10/10/1	CHIEF MEDICAL EXAMINER	DATE SIGNED
SIGNATURE MANY 1-700	M.D. ASSISTANT MEDICAL EXAMINER	
	ASSOCIATE MEDICAL EXAMINER	8/6/68
NAME (Type) Welliel of Spitz, Fi-D.		
	TERY or CREMATORY 24D, LOCATION (City	, town, or county) (Stote)
EMOVAL (Specify)	alial Com Bald M	1-/
DATE DECID BY HEALTH DEPT	25C. FUNERAL DIRECTOR	ADDRESS
A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR		
AUG 8 1968 R. a. b & Farbura	Ellsworth Armacost-46	00 Liberty Hghts,
151-REV. 1/1/6B		

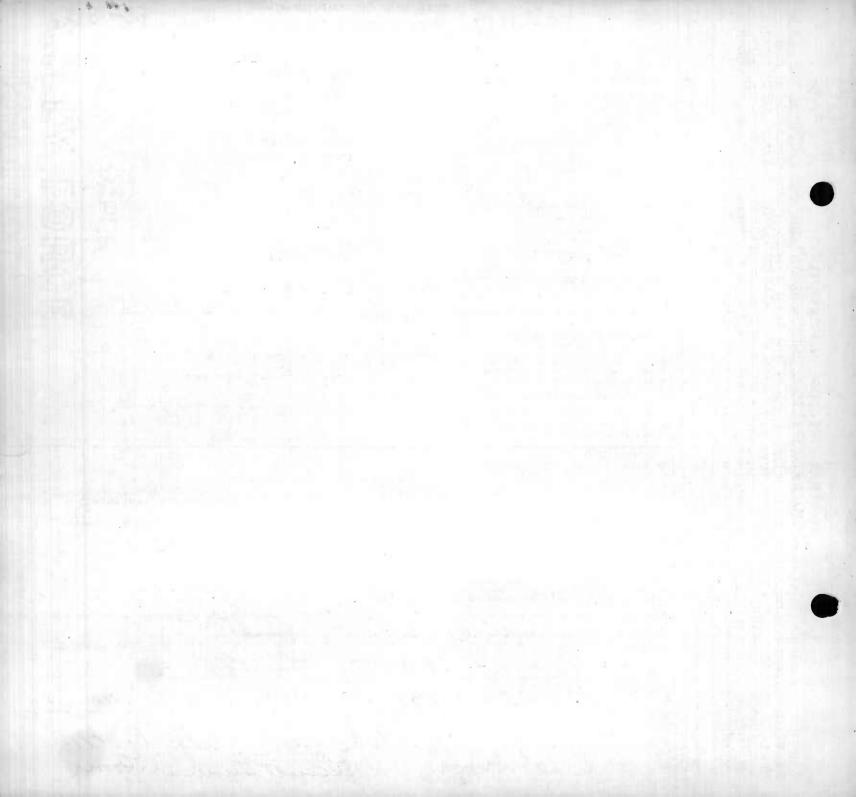


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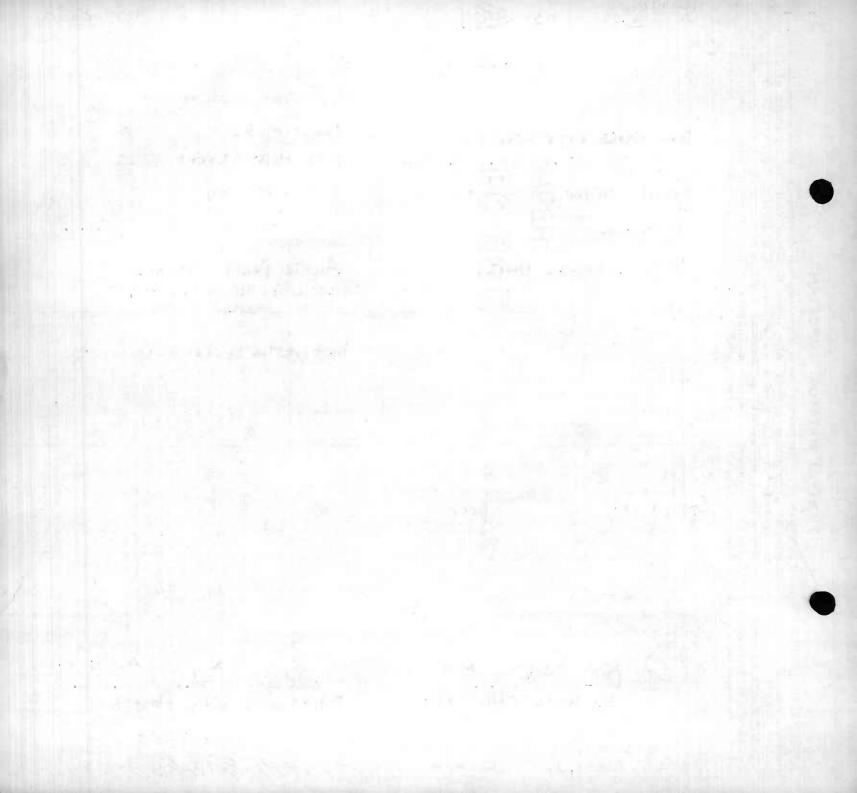
1. 11 / /	ORE CITY HEAD						
MEDICAL EXAM	INER'S CI	ERTIFIC	ATE OF	DEATH	REG. NO	68-	8116
BIRTH NO.  1. NAME OF DECEASED	112	2. DATE	Known 🔼	Manth	Day	Year	Haur
(Type or Print)		OF	Estimoted	August	_	1968	9:15 P. <sub>M.</sub>
JOHN FOWLKI		DEATH 3. DATE		Month	Day	Yeor	Hour M.
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE		PRONOUP	NCED DEAD	Augus	-	1968	9:15 P.M
HOSPITAL ADDRESS OR LOCATION)	5	5. USUAL RES	IDENCE (Where				141.
Johns Hopkins Hospital		A. SIATE Mary 1			COUNTY		<i>l</i>
6. SEX 7. RACE B. MARRIED NEVEL		C. CITY OR T		To	. INSIDE CIT	Y LIMITS?	10-6
MARKIED LI IVEVE	MAKKIED W	Balti					40
	If Under 24 Hrs.	E. STREET AN			YES	X	10 [
10 DE (A Ty last birthday) Manths   Doys	Hours Min.		1				
11. BIRTHPLACE (State or fareign country) 12. CITIZEN	25	715 S	terling S	Street			
WHAT CO		4/2	NAME	7.	4		
14A. USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINES	C OR INDUCTRY	1 JLL	rrell	Towe	kee		
dane during most of working life, even if retired	S OK INDUSTRY	D. O.	MAIDEN NAM	1E			
Cettred		Goce	y.			DRECC	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no ar unknawn) (If yes, give war or dates af service)	URITY NO.	B. INFORMA	1-1	7 01	AD	DRESS	-10
no		assen	eselle 7	BUCK	ee) //	504	Eleney VI
19. E 8 80 X 1	AUSE OF DEATH	10				BETWE	ROXIMATE INTERVAL EN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	Multiple	Traumat	ic Injur	ies			
LEADING TO DEATH	(A)IMMEDIATE CA	USE					
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	DUE TO, OR AS	A CONSEQU	ENCE OF:				
injury or complication which coused death.)							
ANTECEDENT CAUSES	(B)						
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	DUE TO, OR AS	S A CONSEQU	JENCE OF:				
UNDERLYING CONDITION LAST.	(c)						
P = 900.7 II							
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING							
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION 20B. CONDITION FOR WHICH (A)							
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH	OPERATION WAS	PERFORME	D			21. AUTOP	SY? (Yes or No)
							Yes
	F INJURY (e.g., in ctary, street, affice l	or obout 22	C. WHERE DID (	If In Boltimore	City, give exoc	locotion)	7-05
	pital	orag., erc., ir v.	Johns H	opkins	Hospita	1	
22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJU	OCCURRED	(5) 22	HOW DID INJ	URY OCCUR	?		
OF INJURY August 4, 1968 UNK WHILE AT WORK	NOT W	ORK X	subj. fe	11 down	the st	eps	
23.							4 11 11
I certify that I held on Inquiry Inspec	tion Auto	psy X	and that on th	is basis, de	oth In my	pinion	
resulted from: Notural couses Accident	X Suicide	Hon	nicide 🗌 🔝	Undetermine	d monner		
11111		CI	HIEF MEDICAL E	XAMINER			DATE SIGNED
ACTUAL SIGNATURE MUMILIANS	M.D.	ASSIST	ANT MEDICAL E	XAMINER A	<b>X</b>		
EXAMINER'S Werner U. Spitz, M.D.		ASSOC	TATE MEDICAL E	XAMINER [			8/6/68
NAME (Type)							
24A. BURIAL CREMATION, 24B. DATE 24C. NAME REMOVAL (Specify)	of CEMETERY o	r CREMATOR	24D. I	LOCATION	(City, town,	ar county)	(State)
Tourist Muanoles link	utun 9	Ham To	zek	ach	tus )	Rel	
25A. DATE REC'D BY HEALTH DEPT 25B. NAME OF REG	ISTRAR	25C. FL	INERAL DIRECTO	OR .	AD	DRESS	
ANG S MASS OF P. P. JA. S.	ALS: IN	12	104	1.1	n 119	mp.	Carleres
Man a 1200 albert at desire	Tion I	Jul.	ew 1 6/	CHROC	11/1/	11/1	was ways
VS 151-REV. 1/1/68 N 869.0		0					V

written approval must be obtained before the remains are embalmed or final disposition is made.
deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such
was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the
shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased
the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death
This certiticate must be approved by the chief medical examiner or his assistant it death occurred in a nospital and

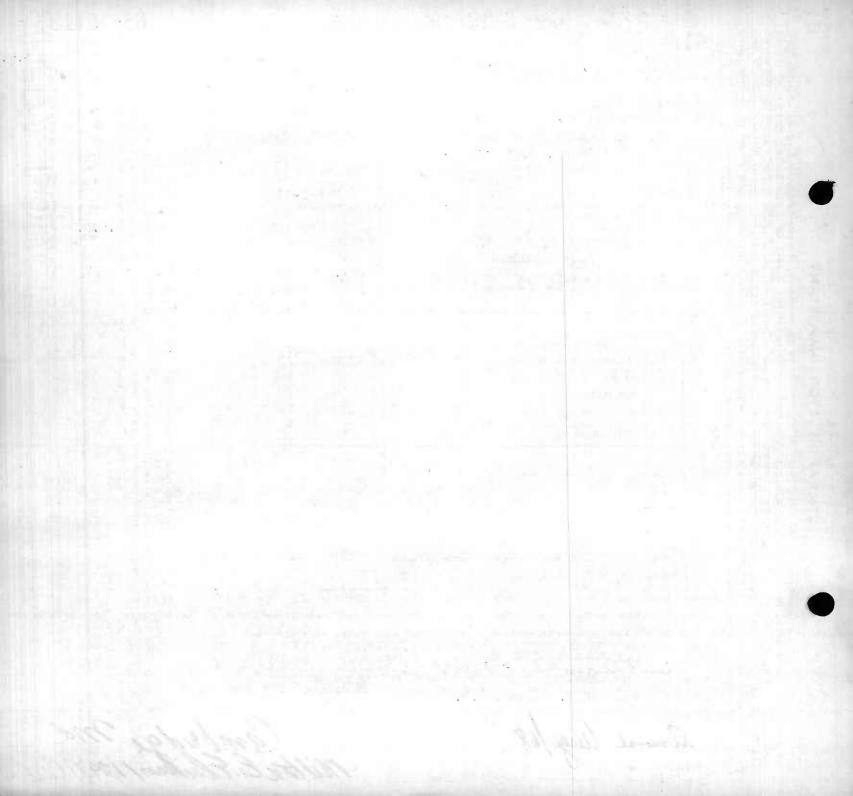
	6 .10	1		BALTIMORE CITY	HEALTH DEPARTMENT		00.0440
0	5-45	0 68-	811	7 CERTIFICA	TE OF DEATH	REG. NO.	68-8117
	H NO.			U. CERTIFICA		AND HOUR OF DEATH	
	e or Print) LU.		N. L		8	-3-68	5:30 P M.
		MORE MARYLAND, W			4. USUAL RESIDENCE (W. A. STATE B. CO. MARYLAND	here deceased lived, If i UNTY	institution; residence befare admission)
HO	L NAME OF SPITAL OR TITUTION			TUTION, GIVE STREET	C. CITY OR TOWN	D. IN	SIDE CITY LIMITS?
	POTION .	HILL NURSING	CENT	er.	BALTIMORE		YES NO
17	0				1302 N. BRO	Contract to the contract of th	0
5. S	EX TO	6. RACE	7. MARRIET	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months: Days Hours Min.
	T.	N	WIDOWE	DIVORCED	9/ / 82	last bightlay	
			108. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or f	oreign country)	12. CITIZEN OF WHAT COUNTRY?
done	1/	arking life, even if retired)			VA.		
13.1	ATHER'S NAM	elle-			14. MOTHER'S MAIDEN N	A AA F	
100		T ON , SELS			MARY HILL	OWIL	
		Ever in U. S. Armed For (If yes, give war ar date		16. SOCIAL SECURITY NO.	17. ADMISSION F	ECORD	ADDRESS
Control of the second	(This does not heart failure, coinjury or comp  A  DISEASES Orise to the	E OR CONDITION DIST.  EADING TO DEATH If mean the made of isthenia, etc. It means slication which caused NTECEDENT CAUSES R CONDITIONS, if abave cause (A) CONDITION lost.	dying, e.g the diseas death.)	g (B)	A CONSEQUENCE OF:	Esclosos.	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  Munths
ATION	TO THE DEATH	CANT CONDITIONS CO BUT NOT RELATED TO TO DONDITION GIVEN IN PAR	HE TERMINAL				
ERTIFIC	19A-DATE OF		DITION FOR	WHICH OPERATION	20A. AUTOPSY? (Yes or	No) 20B. IF YES, WERE IN CERTIFYING C.	FINDINGS CONSIDERED AUSES OF DEATH?
C	OR CONTRIBU	T WAS UNDERLYING TING CAUSE OF	he	B. PLACE OF INJURY (e.g., i ome, form, factory, street, of c.)			are City, give exact (acation)
Dig		(Month) (Day) (Year)	(Hour) 21	E. INJURY OCCURRED	21F. HOW DID I	NJURY OCCUR?	
A.	(APPROX.)			hile At Not Whil	e 🗖		
				Vork At Work			1
	22. I certify	that this hospital	ottended	the deceased from	101 44		ugust 3 1968.
	that (we)	last saw the decease	ed olive on	Mysest	3 196 8 ond	that In (our op	pinion deoth occurred an the dote
				the did (dietrot) v			
	23A. SIGNATUL						23B, DATE SIGNED
	120	1/1/1	u.	And Atte	nding Med.	Staff	OF THE RESIDENCE
	23C. PHYSICIAN	yo cero	Ju	GEGREE Phy	s. Director L 23D. ADDRESS	Phys. 🗀	
	NAME (Ty		11-1	The Man	17ng CAV	2, 0 -1	Belter no
	171	- ALBU	12/3	10), III DEGREE	11/8/100	and St.1	sacrime pra
24A	REMOVAL (S	AATION, 24B. DATE	1. 34C.	NAME of CEMETERY or CRI	MATORY 24D	LOCATION	City, tawn, ar county) (State)
	Tours	1 (1/109)	1/28	milland	Ikm Com	4/100/10	ut mil.
29A	DATE REC'D	BY HEALTH DEST.	258. NAME	OF REGISTRAR	25C. FUNERAL DIRECT	or	ADDRESS
11 14	Allis X	1968 OF Day 15	12. NO	A CANAMAN .	1600 1	7	1 Hom 1
1 "	1000	1000 OFFICE	41 48	-Age 51.44	cecusal	June	1000110

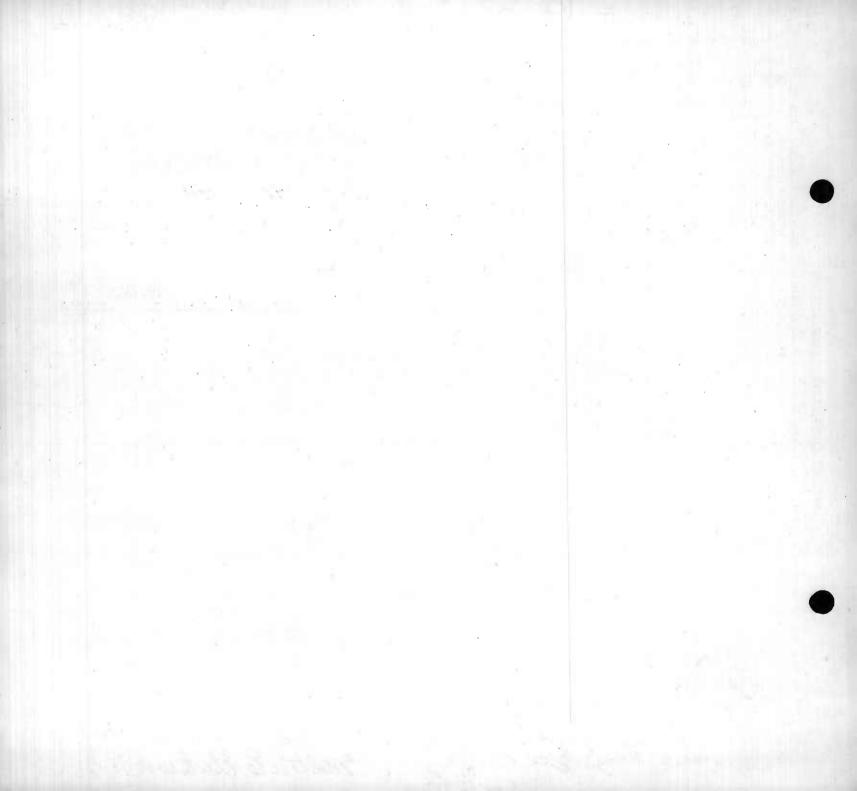


51-65	-89	1 - 53 ( 68- 0110 BALTIMORE CIT	Y HEALTH DEPARTMENT	68- 8118
CEK ,	70 G 7 G	A - 53 C 68- 8118 CERTIFICA	ATE OF DEATH REG. NO.	00 0110
1	ase ase the same	1, NAME OF DECEASED	DATE AND HOUR OF DEATH	10
-	o co d	Treno Anderson (Ne	e HLler) 11. 2m August	41968 · M.
0	- u - E	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	14. USUAL RESIDENCE (Where deceased lived. If in	
17	5 0 0	CILL NAME OF ALL HOS IN HOS WAY OF THE COLUMN COLUM	Montriand	010 - 6H
X	use (5)	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)		DE CITY LIMITA
1	to se;	INSTITUTION		YES NO NO
7	and and	BALTIMORE CITY HOSPITALS.	BALTIMORE:	125 🗶
,	ting d ca d ca prior	4940 Eastern Ave., Balto., Md. #21224	1810 Hope Street	#21202
	2000	5. SEX 6. RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years	
	occur ontrib ermin regul eased is ma	MARKIED 142 VER MARKIED	lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	ocontrol ocontrol	Hemale Negro WIDOWED DIVORCED DIVORCED DIVORCED DIVORCED DIVORCED		12, CITIZEN OF WHAT COUNTRY?
4		done during most of working life, even if retired)		
	or cor cor cor cor cor cor cor cor cor c	Housewife	Virginia	U.S.A.
-	S e d C	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
_ 3	direct (4) U h was in the dispos	Allow The ac Hust	Auria Dazil Chak	20.0
Z		ALLEN Thomas Hurt.  15. Wos Deceosed Ever in U. S. Armed Forces?   16. SOCIAL	Annie Dearl Stok	ADDRESS
MPORTAN	9 9 9 9	(Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	BCH RECORDS: 4940 Eastern A	Ave.
7	the the dea dea nice of final	no.	Baltimore, Maryland #2122	4.
ō	da da	18. CAUSE OF DEA	TH	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
9	d d d	DISEASE OR CONDITION DIRECTLY		
2	Als att	LEADING TO DEATH	AUSE Metastatic of ovarian	Cancer 2 months
	20018	(This daes not mean the mode of dying, e.g., heart failure, osthenia, etc. It means the disease,	S A CONSEQUENCE OF:	
~	p d d d	injury ar camplication which caused death.)		
CTOR	fro o o o o o o o o	ANTECEDENT CAUSES		
5	P A A P P	DISEASES OR CONDITIONS, if any, giving DUE TO, OR A	AS A CONSEQUENCE OF:	
DIRE	3 (6 E	rise la lhe abave cause (A) staling the UNDERLYING CONDITION last.		
= =	cal e cal e ns; (( ician ician as ii	UNDERLYING CONDITION last. (C)		
	dical dical rrns; rsicio was mair	Z /75.0 II		
₹ :	2 de la	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL    DISEASE OR CONDITION GIVEN IN PART 1 (A).		
UNERAL	EXODO	DISEASE OR CONDITION GIVEN IN PART 1 (A).	20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WERE I	FINDINGS CONSIDERED
7	sice od the	WAS PERFORMED	IN CERTIFYING CAL	USES OF DEATH?
5	by c by c 2) Bo re th phys	MAY 9 1968. DOOY.  21A. ACCIDENT WAS UNDERLYING 29B. PLACE OF INJURY (e.g.	NO If In Boltimore	e City, give exact location
M-		OR CONTRIBUTING CAUSE OF home, form, foctory, street,	office bldg., INJURY OCCUR?	e City, give exoct locollon;
	ital ital No No	DEATH (notify medical examiner) etc.)		
	Sp t	21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
	de p	(APPROX.) While At Work At Wo		
	he he wy r	22. I certify that (I) (this hospital) attended the deceased fram	7/29 19 68 to 8/4	4/ 19 68
	<u>_</u> 0	9/1/69		
	of a to b a l ( h );	11101 (1) (110) 1-31 3011 1110 00000000 01110 011	19and that in(my) (our) opli	nian death occurred on the date
	sed sed spit eat	and haur and fram the causes stated above. (I) (We) (did) (did not)	view the bady after deoth.	
	ased dent ospit deat	23A. SIGNATURE		23B, DATE SIGNED
	2 0	Ju Room M.D. DEGREE	thending Med. Staff. No. Director Phys.	Aug 4 1968
	9 0 0 0	23C. PHYSICIAMS HO-KWON CHO, M.D.	23D. ADDRES4940 Eastern Ave.,	Balto., Md.
	y was rel y was rel 1) An acc ).A. at a l d prior te	Harkway CHO MA	Baitimore piny H	1502 40 #21224
:	A d d	24A. BURIAL CREMATION, 24B. DATE / 24C. NAME of CEMETERY OF C		ty, town, or county) (Stote)
	- 5 O S E	REMOVAL (Specify)	67	
	ks: ks:	12 moral Will 8/68	tarmville	e va
	This certification of the body shows: (1) was D.O. deceased written a	AUG 8 1968 Of Dan 12 Standard	25C TUNERAL DIRECTOR	ADDRESS
ī	₹ ₩ ₹ ₩ ₹ ₹	AUG 8 1968 Robert E. Starbeyna	Joeald 1, Co licker	10/12911. Cantin
		VS 150-REV. 1/1/6B		St



5-6	610 68-	2110	BALTIMORE CITY	HEALTH DEPAR	TMENT	DEC NO	00 0440	
BIRTH NO.	6/0 68-	- 0113	CERTIFICA	TE OF DE	ATH	REG. NO	68- 8119	
1. NAME OF DE	CEASED CEASED	SHAI			8 - 2 -	68	7:35	A.M.
FULL NAME OF HOSPITAL OR INSTITUTION	### IT MARY IN HOSPIT ADDRESS OR LOCA ### Baltimore G: 4940 Eastern Baltimore, I	at or institution of the community of th	ON, GIVE STREET	A. STATE Marylan C. CITY OR TOW Baltimo E. STREET AND	B. COUNTY d N re	D. INSII	DE CITY LIMITS YES X	dmission)
5. SEX	6. RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRT	lost b	E (In years pirthday)	If Under 1 Yr. If Under Months Doys Hours	r 24 Hrs. Min.
Female		WIDOWED _	DIVORCED [	6-3		57		
	CUPATION (Give kind of work of working life, even if retired)	IOR KIND OF BO	SINESS OK INDUSTRE		yland	ountry)	U.S.A.	OUNTRY?
13. FATHER'S NA	Tony Pri		SOCIAL	14. MOTHER'S A	· Thiel	Nejes	ADDRESS	
	(If yes, give wor or dote		SECURITY NO.			Eastern and #2122		1
DISEASES rise Io I UNDERLYIN OTHER SIGN TO THE DE	not meen the mode of of osthenio, etc. II means implication which coused ANTECEDENT CAUSES OR CONDITIONS, if he obove couse (A) NG CONDITION last.  II FICANT CONDITIONS COLONION OF THE BUT NOT RELATED TO IT PAR	the disease, death.) ony, giving stating the NTRIBUTING	(B)	A CONSEQUENCE  A CONSEQUENCE	OF:	MELL		
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OR CONTRI	ENT WAS UNDERLYING DEBUTING CAUSE OF	21B. PLA home, f etc.)	ACE OF INJURY (e.g., form, foctory, street, c	ffice bldg., INJURY	TERE DID OCCUR?	(If in Boltimore	e City, give exact location)	
21 D. TIME OF INJURY (APPROX.)	(Month) (Doy) (Yeot)	(Hour) 21 E, IN. While / Work	At Mot Whi	le C	W DID INJURY			
that (1) (we	y that (I) (this hospital e) last saw the decease nd from the couses stat	d alive on	8/2/68		ond that in	08 to 8/2 (my) (our) opin	2/19 nion death occurred on	
W.	illean &	. Fow	ers /- M Dth	ending Me s. Die	ector Phys.	-	8/2/68	
	HITTITITIES TO . T.C.	MERO, M.D	•	Daltiman	. Ma7	2 40100	,	
25A. DATE REC	(Specify) 248. DATE	24C. NAME  25B. NAME OF R	of CEMETERY of CR	6	24D LOCAT	ad #2122	y, town, or county)  ADDRESS	(Stote)





IMPORTANT

DIRECTOR:

FUNERAL

VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT

:20

If Under 24 Hrs. Hours Min.

Hours

BETWEEN ONSET AND DEATH

19 68

ADDRESS

V.S.A

Union Memorial Roseller

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WILLIAM T DORSEY

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FUNERAL DIRECTOR: IMPORTANT

	- 8122 CERTIFICA	LE OF DEATH	REG. NO.	
1. NAME OF DECEASED (Type or Print)	. 0	1	HOUR OF DEATH	, AP
3. PLACE IN BALTIMORE MARYLAND, WHI		14. USUAL RESIDENCE (When		stitution: residence before odr
		A. STATE B. COUN	TY	17-03
FULL NAME OF (IF NOT IN HOSPITAL HOSPITAL OR ADDRESS OR LOCATIONSTITUTION	OR INSTITUTION, GIVE STREET ON)	C. CITY OR TOWN	In INSI	DE CITY LIMITS?
		Baltimore		YES NO
2604 Halcyon Ave.		E. STREET AND NUMBER	1	
0		2604 Halcyo		
1 1 1 1 1	MARRIED NEVER MARRIED		9. AGE (tn years lost birthday)	Months Days Hours
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done during most of working life, even if retired)			4 . 4	USA
Ret. CMPLOYEE	Koester's Bakery	Baltimore, 1		USM
		4.1.0		
Cdward D. Jone 15. Wos Deceased Ever in U. S. Armed Force		Ada Gettier		ADDRESS
(Yes, no or unknown) (If yes, give wor or dotes	af service) SECURITY NO.	AA A C A		ADDRESS
yes WW1	212106461 CAUSE OF DEAT	Marie (. Jon	es	Same
UNDERLYING CONDITION last.	(c)			
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O THER SIGNIFICANT CONDITIONS CONT TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION GIVEN IN PART I	TRIBUTING TERMINAL I (A).	20A. AUTOPSY? (Yes or No	208, IF YES, WERE I	FINDINGS CONSIDERED USES OF DEATH?
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FUNERAL DIRECTOR: IMPORTANT

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TOHNS HOPKINS HOSPITAL    STREET AND NUMBER	OTE COTY LIMITS?  VES N  2/20  If Under 1 Yr.  Months Doys H  12. CITIZEN OF W  USA
E. STREET AND NUMBER  C. J. 441 RANGE RD  10. SEX  6. RACE  CAUCASIAN  10. MIDOWED  10. DIVORCED  10. DIVORCED  10. DIVORCED  10. DIVORCED  10. DIVORCED  11. BIRTHPLACE (Stote or foreign country)  12. MOTHER'S NAME  MILTON H. Sheffer  13. FATHER'S NAME  MILTON H. Sheffer  15. Wos Deceased Ever in U. S. Armed Forces?  16. SOCIAL SECURITY NO.  18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not mean the made of dying, e.g., heal failue, asthenio, etc. II means the disease, injury at camplicolian which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony, giving tise to the above cause (A) stating the UNDERLYNG CONDITION last.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE TERMINAL DISEASE OR CONDITION SPART I (A).  OTHER SIGNIFICANT CONDITION SPART I (A).	12. CITIZEN OF W  USA  ADDRES  ONA (IGH  APPROXI  BETWEEN C
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done during most of working life, even if refired   HOUSEWIFE   OWN HOME   PENNA     13. FATHER'S NAME   14. MOTHER'S MAIDEN NAME   MILTON H. Sheffer   BETTY LOGAN     15. Wos Deceased Ever in U. S. Armed Forces?   16. SOCIAL SECURITY NO.   17. INFORMANT     18.	USA  (SAME)  ONA (JG H)  APPROXIBLETWEEN O
13. FATHER'S NAME  Milton H. Sheffer  15. Wos Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (II yes, give wor or dates of service)  MO  18. CAUSE OF DEATH  (This does not mean the made of dying, e.g., heal failure, asthenia, etc., II means the disease, injury at camplication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.  OF THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS GIVEN IN PART 1 (A).	SAME)  ONA (IG H  APPROXI  BETWEEN C
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▼ DISEASE OR CONDITION GIVEN IN PART 1 (A).	
7/29/68 WAS PERFORMED TRACHECTOMY - REST. ARREST YES IN CERTIFYING CAUSE	
OR CONTRIBUTING CAUSE OF COMMENCE OF INJURY (e.g., in or about 21C. WHERE DID CONTRIBUTING CAUSE OF COMMEN, form, foctory, street, office bldg., INJURY OCCUR?	City, give exoct loc
21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?	
(APPROX.) Work At Work	
22. I certify that (**) (this hospital) attended the deceased from MAY 8, 19 68 to AUCH	
that (I) (a) last saw the deceased alive an AUG-UST (by 19 (S) and that in (my) (a) apinia	an death accurr
and haur and fram the causes stated abave. (1) (We) (dtd) (dtd view the bady after death.  23A. SIGNATURE	38, DATE SIGNED
Michael D. Lutz M. D. DEGREE Phys. Director Phys. Shoff Phys. 23D. ADDRESS	aug 1, 19
MICHAEL D. LUTZ M.D. DEGREE JOHNS HOPKINS HOSP  24A. BURIAL CREMATION, 124B. DATE 124C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City,	
24A. BURIAL CREMATION, REMOVAL (Specify)  Burial  8/9/68  Dulancy Valley Mem. Grds. Timonium, Bourial  25A. DATE REC'D BY HEALTH DEPT.  25B. NAME OF REGISTRAR  AUG 8 1968  Policy Street Proceedings of CREMATORY  24D. LOCATION (City, City, City)  24D. LOCATION (City, City)  24D. LOCATION (City)  24D. L	town, or county)

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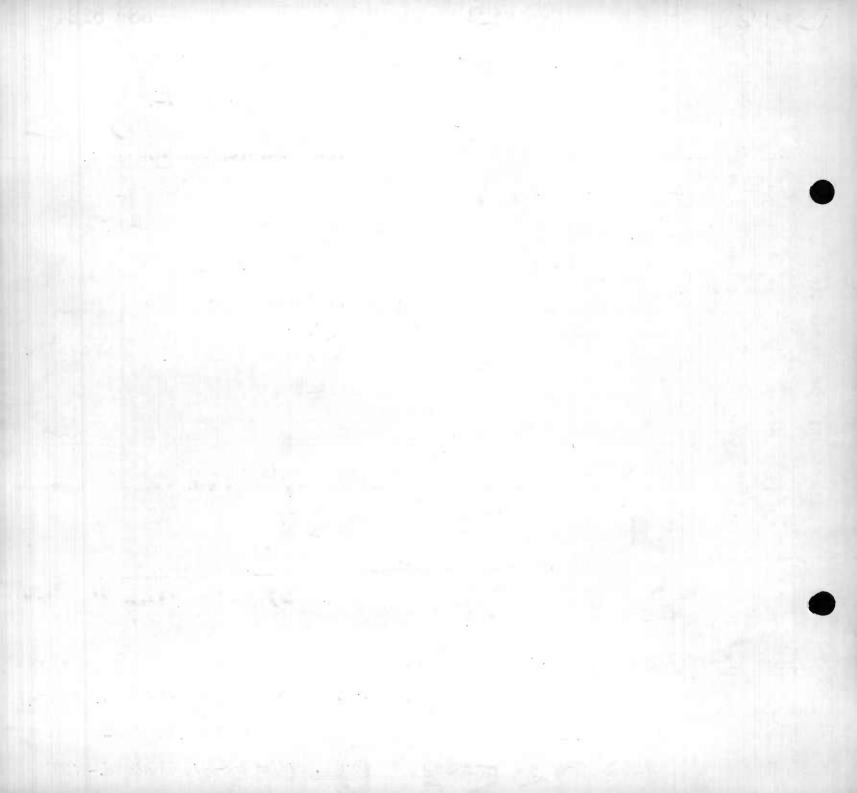
August 6, 68, 48 August 7.

Marchael D. Feety M.O.

MICHAEL D. LUTZ , M.D. Sonns Northes North

Deg 7, 1662

	OO OA OA BAL	TIMORE CITY HEALTH DEPARTMENT
U	68-8124 <sub>CE</sub>	RTIFICATE OF DEATH REG. NO. 68-8124
	BIRTH NO.	2, DATE AND HOUR OF DEATH
	(Type or Print) JOSEPH ElmerBE	
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DE	I A. STATE B. COUNTY
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIV ADDRESS OR LOCATION)	C. CITY OR TOWN D. INSIDE CITY CIMITS?
	MARYLAND GENERAL HOSE	BALTIMORE NES NOT
9	5. SEX 6. RACE 7. MARRIED 7 DISVER	3712 ELMLEY AVENUE
3	M WIDOWED DI	IVORCED 2-4-98
	IOA, USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS done during most of working life, even if retired)	OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
2	Unknown-retired	MARYLAND USA
2	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
2	JOSEPH E. BEEVER	ELLEN B. WALKER
	15. Wos Deceosed Ever in U. S. Armed Forces? (Yos, no or unknown) (If yos, give wer or dotes of service)  16. SOCIA SECUR	RITY NO.
	No   212-10	0-3764A PATIENT
	18. / 5 3 1 CAU	JSE OF DEATH  APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
0	DISEASE OR CONDITION DIRECTLY	relastatie adenocorreson of the
E	(A)	DUE TO, OR AS A CONSEQUENCE OF:
5	heart failure, asthenia, etc. II means the disease, injury ar complication which caused death,)	DOE TO, OK AS A CONSCIONATION
E	ANTECEDENT CAUSES	
0		DUE TO, OR AS A CONSEQUENCE OF:
3	rise to the obove cause (A) stating the	
	(c)	
E	O THER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	2 mars Casana catana sa alleria
2	TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	was coronary away many coming of early
	194. DATE OF OPERATION 198. CONDITION FOR WHICH OPE	IN CERTIFYING CAUSES OF DEATH?
Le	ш	FINJURY (o.g., in or obout 21 C. WHERE DID (If In Boltimore City, give exect location)
ero	OR CONTRIBUTING CAUSE OF home, form, for otc.)	octory, street, office bldg., INJURY OCCUR?
0	D 21 D. TIME (Month) (Doy) (Yoor) (Hour) 21 E. INJURY O	OCCURRED 21F. HOW DID INJURY OCCUR?
E	OF INJURY (APPROX.)  (Month) (Doy) (Yoor) (Hour) 21E. INJURY O	Not While
D	22. I certify that (1) (this haspita) attended the decease	At Work
0		ed from 29, 1968 to 1968,
0	that (I) (we) last saw the deceased alive an	K
2	and hour and fram the causes stated abave. (I) (We) did	d) (did nat) view the bady after death.
E	100, -0.0 8- Name	MD Attending Med. Staff 8 -4-68
5	23C.PHYSICIAN'S NAME (Type)	23 D. ADDRESS
0	NAME (Type)	MARYLAND GENERAL HOSPITAL
ddp	24A. BURIAL CREMATION, REMOVAL (Specify)	METERY of CREMATORY 24D. LOCATION (City, town, or county) (Stote)
	0	Baltimana Mauland
TTE	Burial 8-7-68 Noveland 25A. DATE REC'D BY HEALTH DEPT.   25B. NAME OF REGISTRA	AR 25C. FUNERAL DIRECTOR ADDRESS
3	AUG 8 1968 R.D. & E. Fa	
	VS -150-REV. 1/1/68	of 19 ( marchine of ) Delaur Ra21200



68- 81	BALTIMORE CITY			68- 8125
IRTH NO. 68-13929	CERTIFICA	TE OF DEATH	REG. NO	OU OILO
NAME OF DECEASED	1 1		D HOUR OF DEATH	1 - 1
Type or Print) BABY GIRL	KASTEI		- 23-	68 12340A
PLACE IN BALTIMORE, MARYLAND, WHERE PRO	DNOUNCED DEAD	4. USUAL RESIDENCE (When	e deceased lived. If in	stitution: residence before admission
ULL NAME OF (IF NOT IN HOSPITAL OR IN ADDRESS OR LOCATION)	ISTITUTION, GIVE STREET	MARCYC	-BND 13	all Co 350
NOITUTION		C. CITY OR TOWN	D. INSI	YES NO
SINAI HOSPITA	1 05	E. STREET AND NUMBER	1 10	123 110
12 BALTIMORE		1264 W	icle pl	e.
SEX 6- RACE 7- MARR	RIED NEVER MARKTED	- 1 - 1	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs Manths! Days Hours Min.
WIDOV		1-22-68		15 /
DA. USUAL OCCUPATION (Give kind of work 10B. KINE one during mast of working life, even if retired)	D OF BOSINESS OK INDUSIKE			12. CITIZEN OF WHAT COUNTR
		MARGLA		USD
FATHER'S NAME	1-01	14. MOTHER'S MAIDEN NAM		7 //
Wos Deceased Ever in U. S. Armed Farces?	1 6. SOCIAL	17. INFORMANT	13007	ADDRESS
es, na ar unknawn) (II yes, give war ar dotes af servi	SECURITY NO.	O MA O T		ADDRESS
•	GALLES OF DEATH	COOKE		APPROXIMATE INTERVAL
18. 777 X I	CAUSE OF DEATH			BETWEEN ONSET AND DEAT
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	· · · · · · · · · · · · · · · · · · ·	Immalu	wife	
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(This does not mean the made of dying, heart failure, asthenia, etc. It means the dise injury or camplication which caused death.)	dse,			
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heart failure, astheria, etc. It means the dise injury or camplication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, gi	ving (B)	emakere,		1
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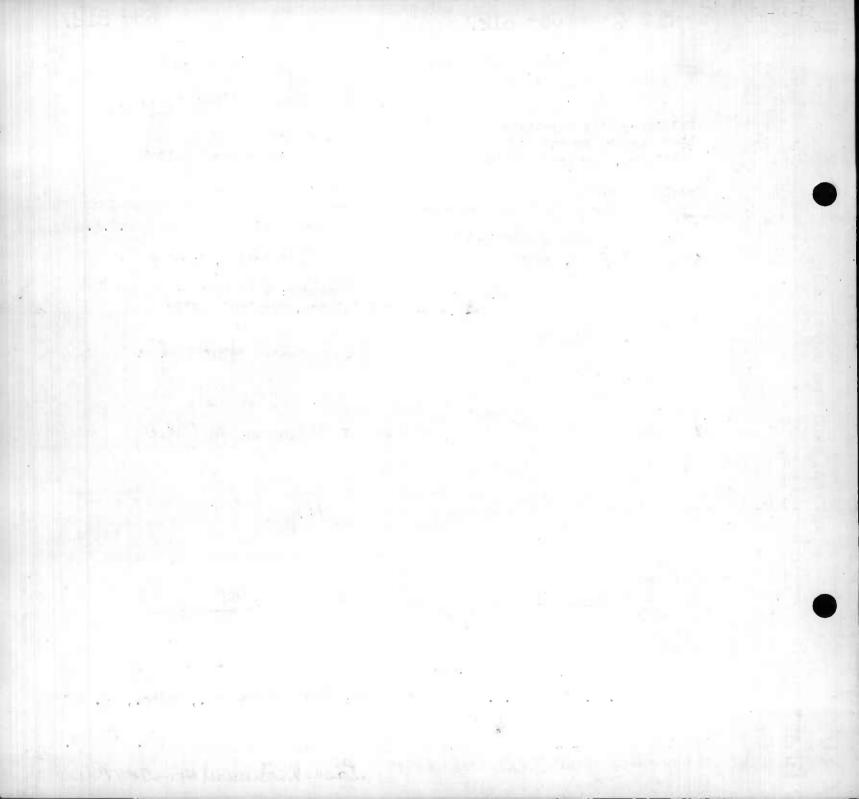
VS 150-REV. 1/1/6B

BALTIMORE CITY HEALTH DEPARTMENT

Anomar day well myeretay actions who we  IMPORTANT

DIRECTOR:

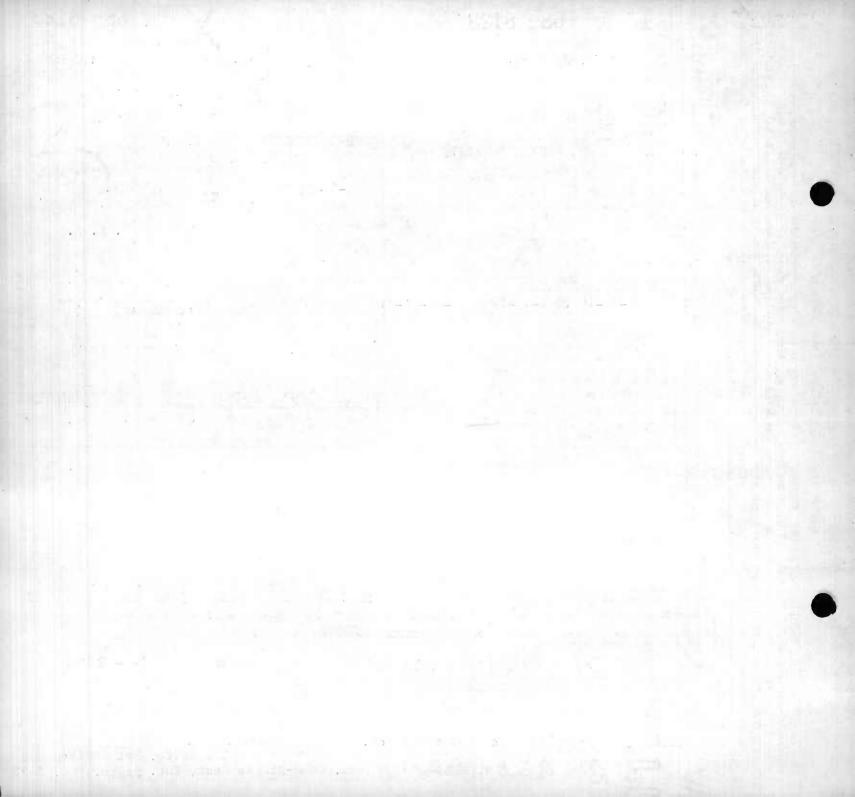
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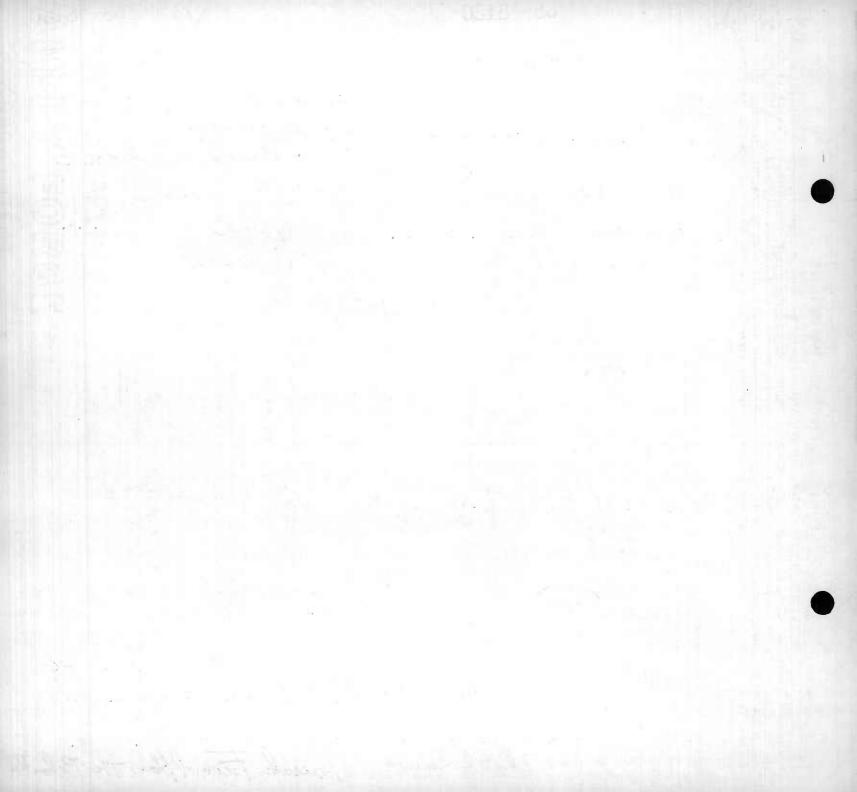


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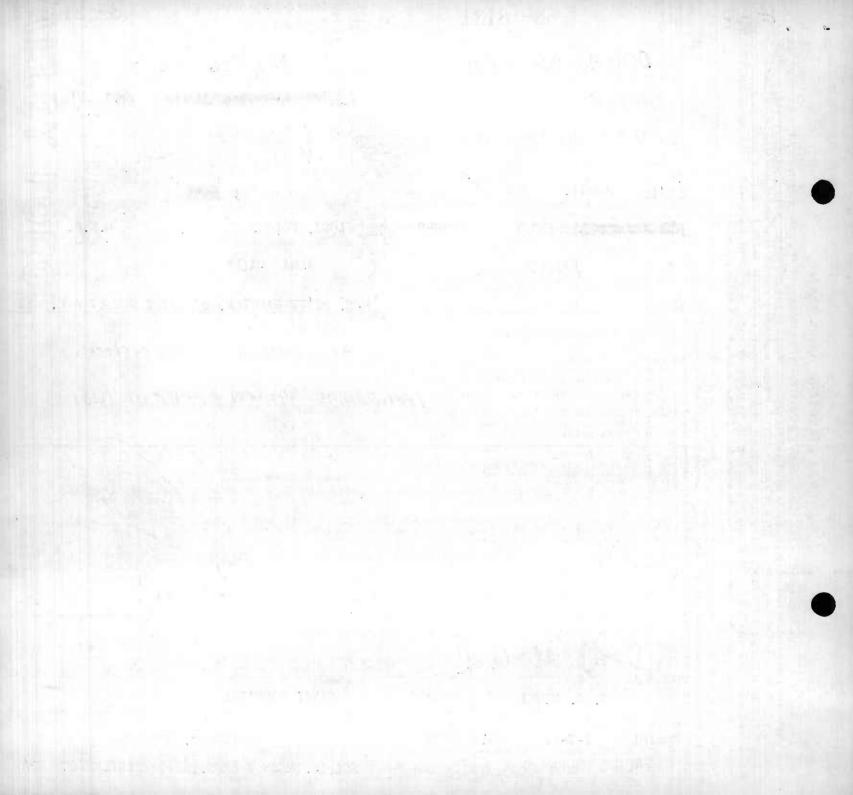
Burner 8-8-68 Whited Helmonton Backing Trade Park Park

1. N.	AME OF DECEASED	7.75 cmm			D HOUR OF DEATH	0 40 5
(1ур	e or Print) DALFONZO, John	NMI			GUST 1968	2:10 P
FUL	PLACE IN BALTIMORE, MARYLAND, WILL NAME OF (IF NOT IN HOSPITAL OR ADDRESS OR LOCA STITUTION VETERANS ADMINI	AL OR INSTIT TION) ISTRATION ISTRATION	UTION, GIVE STREET ON HOSPITAL VARD	A. STATE B. COUN	LTIMORE C	IDE CITY LIMITS?  YES NO X
	BALTIMORE, MARY	LLAND	21218	332 GREENLAW	ROAD	
10A.	ALE CAUCASION  USUAL OCCUPATION (Give kind of work	WIDOWED		6-10-25 94	9. AGE (In yeors lost birthday) 208 74 gn country)	If Under 1 Yr. If Under 2 Months Doys Hours 1
	during most of working life, even if retired)  RUIT DEALER	FOOD		ITALY		U. S. A.
	FATHER'S NAME	2000		14. MOTHER'S MAIDEN NAM	ΛE	
S	AMUEL DALFONZO			ANITA BATALIA		
(Yes	Was Deceosed Ever in U. S. Armed Force, no or unknown) (If yes, give war or dotes L-26-18 TO L-	s of service)	16. SOCIAL SECURITY NO. 219-07-34-11	17. INFORMANT HOSPITA 3900 LOCH RAVI	AL RECORDS	ADDRESS
	(This does not meen the mode of heart failure, asthenia, etc. If means injury or complication which coused  ANTECEDENT CAUSES	the disease, death.)	CEREBRA	L ARTERIOSCLERO		SEVERAL Y
ATION	heort foilure, osthenio, etc. II meons injury or complication which caused ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if clise to the above cause (A) UNDERLYING CONDITION lost.  OTHER SIGNIFICANT CONDITIONS CONTINE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION GIVEN IN PART	the discose, deoth.)  ony, giving stoling the  NTRIBUTING HE TERMINAL T I (A).	(B) CEREBRA  (B) DUE TO, OR AS  (C)	A CONSEQUENCE OF:  AL ARTERIOSCIERO  A CONSEQUENCE OF:	SIS	SEVERAL Y
ATIO	heort foilure, osthenio, etc. II meons injury or complication which coused ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if clise to the above cause (A) UNDERLYING CONDITION lost.  THE SIGNIFICANT CONDITIONS CONTINE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION GIVEN IN PART	the disease, death.)  ony, giving stating the NTRIBUTING HE TERMINAL TO	(B) CEREBRA	A CONSEQUENCE OF:  L ARTERIOSCIERO	20B. IF YES, WERE IN CERTIFYING CA	SEVERAL Y
AL CERTIFICATIO	heort foilure, osthenio, etc. II meons injury or complication which coused ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if clise to the above couse (A) UNDERLYING CONDITION lost.  3 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	the discose, deoth.)  ony, giving stoling the NTRIBUTING HE TERMINAL TO I (A). DITION FOR ORMED	(B) CEREBRA  (B) CEREBRA  (C) OR AS  (C) WHICH OPERATION  D. PLACE OF INJURY (e.g., ine, fortory, steet, of the property of th	A CONSEQUENCE OF:  A CONSEQUENCE OF:  20A. AUTOPSY? (Yes or No	20B. IF YES, WERE IN CERTIFYING CA	SEVERAL Y
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BALTIMORE CITY	Y HEALTH DEPARTMENT 68-8131
20 68- 8131 CENTIFICA	TE OF DEATH REGINO.
BIRTH NO.	N
1. NAME OF DECEASED (Type or Print)	2. DATE AND HOUR OF PEATH
Type or Panil DANM. HARWICK	8/8/68-12:40Pm
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY
PULL MANE OF HE NOT IN HOSPITAL OR INSTITUTION CIVE STREET	g taus Mo
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN D. INSIDE CITY LIMITS?
NOITUTION	
SINA! HOSPITAL	E. STREET AND NUMBER
42	1324 DORINESTER
T L NACE TO THE TOTAL THE TOTAL TO THE TOTAL THE TOTAL TO THE TOTAL TH	
SEX. O 6. RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH  9. AGE (In years   If Under 1 Yr.   If Under 24 Hrs.   Months   Days   Hours   Min.
MALE WHITE WIDOWED DIVORCED	63
DA, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY one during most of working life, even if retired)	11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
CHEMIST RUBBER	LODZ, POLAND U.S.A.
FATHER'S NAME	14. MOTHER'S MAIDEN NAME
? HARWICK	ANNA MALUP
Wos Deceased Ever in U. S. Armed Forces?  16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
NO	MRS. BETTY HARWICK, c/o 5902 SUNSET AVE. #7
18.4 9 3 X   CAUSE OF DEAT	H APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY	(APPIO - BETWEEN ONSET AND DEATH
LEADING TO DEATH	2125212223
(This does not mean the mode of dying, e.g.,	A CONSEQUENCE OF
neon follore, osmenio, etc. if meons me diseose,	A CONSEQUENCE OF
injury or complication which coused death.)	
ANTECEDENT CAUSES (B) PERILL	PRDIAL PLEURAL EFFUSION POSSI
	S A CONSEQUENCE OF:
rise to the obove couse (A) stating the UNDERLYING CONDITION lost. (C)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE TERMINAL	
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED
WAS PERFORMED	IN CERTIFYING CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g.,	in or obout 21 C. WHERE DID (If in Baltimore City, give exact location)
OR CONTRIBUTING CAUSE OF home, form, foctory, street, or DEATH (notify medical examiner)	office bldg., INJURY OCCUR?
21D. TIME (Month) (Day) (Year) (Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
(APPROX.) While At Work At Work	
22. I certify that (I) (this hospital) attended the deceased from	
that (I) (we) last sow the deceased alive on	
ond hour and from the couses stated obove. (1) (We) (did) (did not)	
	view the body ofter deoth.
23A. SIGNATURE	view the body ofter death.  238. DATE SIGNED
Ath Ah	238, DATE SIGNED
Ath DEGREE Phy	ending Med. Staff
23C. PHYSICIAN'S NAME (Type)	238. DATE SIGNED  ending Med. Shaff Phys.
23C. PHYSICIAN'S	238. DATE SIGNED
23C. PHYSICIAN'S NAME (Type)  G. A. MINKIN  DEGREE  4A. BURIAL CREMATION, 124B. DATE  124C. NAME of CEMETERY OF CR	rending Med. Shaff Shaff Signed    23B. DATE SIGNED   23B. DATE SIGNED   23B. DATE SIGNED   23B. DATE SIGNED   23B. DATE SIGNED
23C. PHYSICIAN'S NAME (Type)  G. A. MINKIN  DEGREE  AMPHY  4A. BURIAL CREMATION, 24B. DATE  24C. NAME of CEMETERY OF CR	ending Med. Shaff Phys. 23B. DATE SIGNED  23B. DATE SIGNED  23D. ADDRESS  SINAI HOSPITAL  REMATORY 24D. LOCATION (City, town, or county) (Stote)
23C. PHYSICIAN'S NAME (Type)  G. A. MINKIN  DEGREE  Phy  24A. BURIAL CREMATION, REMOVAL (Specify) BURIAL  8-7-68  OHEB SHALOM	Pending Med. Shaff Phys. 23B. DATE SIGNED  23B. DATE SIGNED  23D. ADDRESS  SINAI HOSPITAL  REMATORY  24D. LOCATION (City, town, or county) (Stote)  BALTIMORE, Maryland
23C. PHYSICIAN'S NAME (Type)  G. A. MINKIN  DEGREE  Phy  24A. BURIAL CREMATION, 24B. DATE  24C. NAME of CEMETERY OF CR	Pending Med. Shaff Phys. 23B. DATE SIGNED  23B. DATE SIGNED  23D. ADDRESS  SINAI HOSPITAL  REMATORY  24D. LOCATION (City, town, or county) (Stote)  BALTIMORE, Maryland



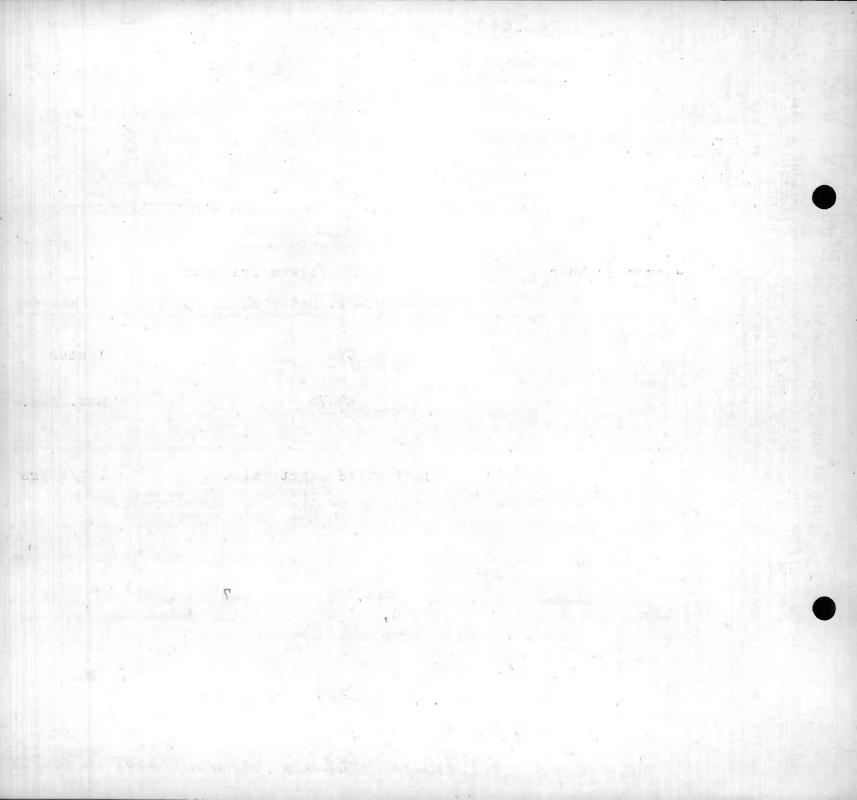
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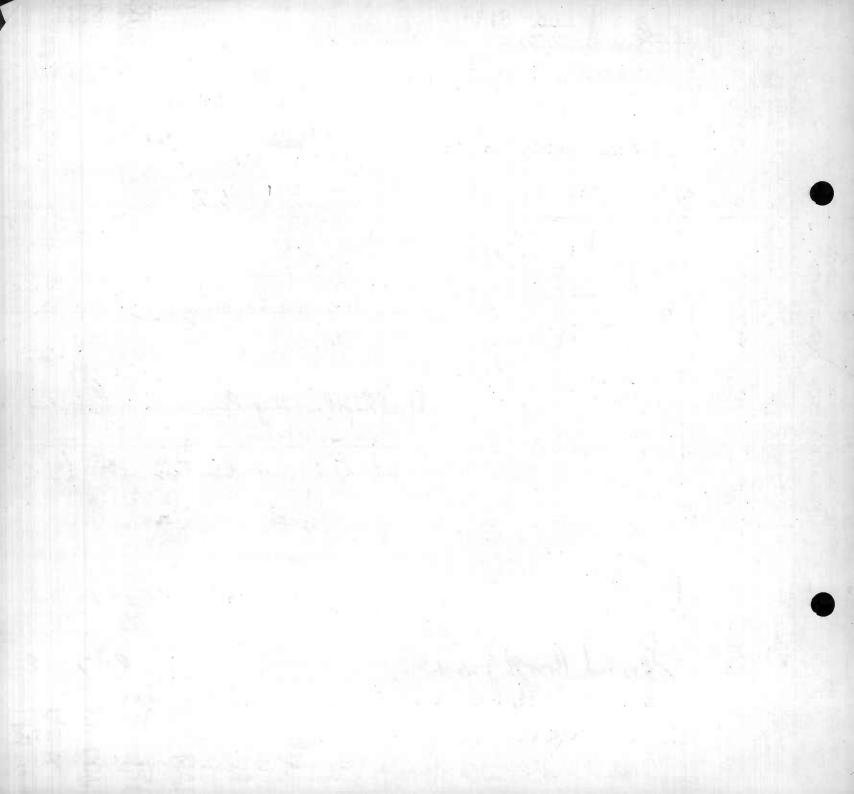
	BALTIMORE CITY HEALTH DEPARTMENT
0422	CENTIFICATE OF DEATH

68-8133 REG. NO.

BIRTH NO.	00_ 019	O CERTIFICA				
1. NAME OF DECEASED  (Type or Print) Katherin	o Danonm	an	2. [	DATE AND HOUR		
3. PLACE IN BALTIMORE, MARYLAND			4. USUAL RESIDEN	6 August CE (Where deceased B. COUNTY		10:00 a.m.
FULL NAME OF (IF NOT IN HO! HOSPITAL OR ADDRESS OR LINSTITUTION	SPITAL OR INSTITU	JTION, GVE STREET	Maryland c. City OR TOWN		D INSIDE CIT	Y LIMITS?
Fayette Convales 1105 East Fayett			E. STREET AND NU		Way	NO 🗌
5. SEX   6. RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In	yeors If Ur	nder 1 Yr. If Under 24 Hrs.
Female White	WIDOWED		8/6/72	1051 960	y) Mont	hs Doys Hours Min.
tOA, USUAL OCCUPATION (Give kind of done during most of working lite, even if retire		BUSINESS OR INDUSTRY	11. BIRTHPLACE (Sto	to or foreign country)  MALL	12. 0	TITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME			14. MOTHER'S MAI	DEN NAME		
George Grabner			Magdale	ne Treggs	Ber	
15. Was Deceased Ever in U. S. Armed (Yes, no or unknown) (If yes, give wer or	Forces?	1 6. SOCIAL SECURITY NO.	17. INFORMANT			ADDRESS
no		218-52-290	7-J1 Bet	ty Elgin	5437 SI	pringlake Way
18.412.41		CAUSE OF DEAT	Ĥ			BETWEEN ONSET AND DEATH
DISEASE OR CONDITION LEADING TO DEA			OTTA			
(This does not mean the made		(A) IMMEDIATE CAU DUE TO, OR AS	A CONSEQUENCE OF			l week
heart failure, asthenia, etc. 11 me injury ar camplication which cau						
ANTECEDENT CAU	SES	(0)	ASCVD			Sev. Yrs.
DISEASES OR CONDITIONS,		DUE TO, OR AS	A CONSEQUENCE O	F:	*******************	
UNDERLYING CONDITION last.	ording me	(c)				
OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION GIVEN IN	O THE TERMINAL	Conjes	tive Hear	t Failure		1 1/2 yrs
19A. DATE OF OPERATION 19B. C		WHICH OPERATION	20A. AUTOPSY?	(os or No) 20B, IF	YES, WERE FINDIN TIFYING CAUSES O	GS CONSIDERED OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify modical examiner)	G 218.	PLACE OF tNJURY (e.g., i e, form, foctory, stroot, o	n or obout 21 C. WHER ffice bldg., INJURY O	E DID (I	f in Boltimore City,	give exoct locotion)
21D. TIME (Month) (Doy) (YOU (APPROX.)		INJURY OCCURRED  ile At Not While rk At Work	• 🗆	DID INJURY OCC	UR?	
22. I certify that (1) (the last	National times	he deceased from Ja	n. 23	1967	ta Aug 6	1968
that (1) (we last saw the dece	eased alive an	Aug 6,	1968		(our) opinian d	eath accurred an the dote
23A, SIGNATURE	stated abave. (I	) (Me) (ala) (a(MX)(ax) (	new the body differ	dedin.	23B, E	DATE SIGNED
19/5/1	2.00		ending Mod.	or Staff Phys.	8	-6.6
23C. PHYSICIAN'S NAME (Type E. Ellsw	orth Coc	ok, M.D.	23D. ADDRESS 243/	Nd. C	Puo	00
24A. BURIAL CREMATION, 24B. DATE		AME of CEMETERY OF CRI	EMATORY	Palto		n, or county) (Stope)
AUG 9 1968	25B. NAME O		Helma L		un 32	18 Ludson Se

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punes K. Condos, MD

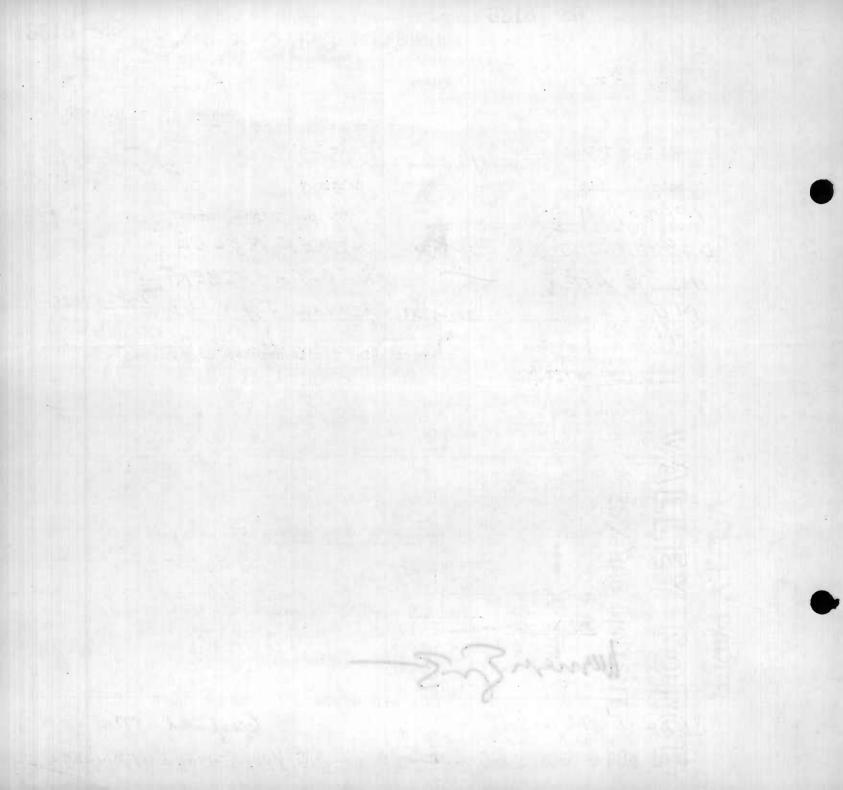
H-655

68- 8136 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH,

68- 8136

BIRTH NO.	EDICAL E	AAMIIYEK 3 C	-EKIIFI	CATE OF	DEATH	REG. NO	)	
1. NAME OF DECEASED			2. DATE	Known X	Month	Doy	Yeor	Hour
(Type or Print) CECILE	М.	HERRMAN	OF DEATH	Estimoted	August	_	1968	10:40 R.
4. PLACE IN BALTIMORE, MARYLAN			3. DATE	201111111111111111111111111111111111111	Month	Day	Yeor	Hour M.
	SPITAL OR INSTITUTI			JNCED DEAD	August	5,	1968	10:40 P <sub>M</sub>
00405 Long Island	Avenue	/	A. STATE	SIDENCE (Where land		COUNTY	on: residence	before admission)
6. SEX 7. RACE		NEVER MARRIED	C. CITY OR			. INSIDE	CITY LIMITS?	31
C11-24-	WIDOWED	<u></u>	Do 1+.	mano			VES 🔀	NO 🗆
female white	E (In veors   If U	nder 1 Yr. If Under 24 Hrs.		Imore			TES LAF	NO L
		ths, Doys, Hours, Min.	4.05	T T -1 -	. 1			
11. BIRTHPLACE (State or foreign count	12 (	CITIZEN OF	13. FATHER	Long Isla	ina Aver	lue		
4 n 5 2 5 KF	100	WHAT COUNTRY?		BEE A	100R	E		
14A. USUAL OCCUPATION (Give kind of		BUSINESS OF INDUSTRY		S & RAIDEN NAM				
done during most of working life, even if reti	red)	BOSINESS OK INDOSIK				ールチ		
HOUSE WIFE	~	117 606(4)		BECA -	ALIDE		ADDDECC -	
16. WAS DECEASED EVER IN U.S. AR (Yes, no or unknown) (If yes, give wor or d		17. SOCIAL SECURITY NO.	18. INFORM	-	11 1		4011	ONCISEAN
NO	à-	217-228864	EDW	1+K10.9.1	YERR	MAN		
19. 4/2,21		CAUSE OF DEA	TH					PPROXIMATE INTERVAL
DISEASE OR CONDITION I	DIRECTLY							
LEADING TO DEATH		Hyperter	AUSE C	ardiovascu	lar Dis	ease		
(This does not mean the made of heart failure, asthenia, etc. It mean Injury or complication which couse	ns the disease,		AS A CONSEQ	UEN CE OF:				99 7-94 9-9 4-9 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
ANTECEDENT CAUSE		(8)	AS A CONSE	DUENCE OF				
DISEASES OR CONDITIONS, IF	STATING THE	DOE 10, OK	AS A CONSE	QUENCE OF:				
Z UNDERLYING CONDITION LA	ST.	(c)						
OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT RELATE DISEASE OR CONDITION GIVEN 2004. DATE OF OPERATION 208.								
OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT RELATE								
DISEASE OR CONDITION GIVEN	IN PART 1 (A).							
20A. DATE OF OPERATION 208.	CONDITION FOR	WHICH OPERATION W	AS PERFORM	ED			21. AUTO	OPSY? (Yes or No)
								No
22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB-	22B. hom	PLACE OF INJURY(e.g., e, form, foctory, street, offic	in or obout 2 e bldg., etc.)	2C. WHERE DID (	(If in Boltimore	City, give e	xoct location)	
UTING CAUSE OF DEATH.  22D. TIME (Month) (Doy)	(Yeor) (Hour) 2	2E.INJURY OCCURRED	2	2F. HOW DID IN.	JURY OCCUR	?		
OF INJURY (APPROX.)	` ' ' '	WHILE AT NOT	WHILE					
23.	m. \	WORK LL AT W	ORK					
I certify that I held an	Inquiry	Inspection X Au	tapsy	and that on th	als basis, d	eath in m	v aninian	
	2000	ccident Suicid			Undetermine			
resulted fram: Natural	consest- I A	ccident [_] Juicio		CHIEF MEDICAL E				
ACTUAL 11 AAA	<				IT.			DATE SIGNED
SIGNATURE HELL	en)	M.C		STANT MEDICAL E		<u> </u>		8/6/68
EXAMINER'S Wern	ner U. Spi	tz, M.D	ASSC	CIATE MEDICAL E	XAMINER L			0,0,00
24A. BURIAL CREMATION, 24B. DA	TE 27	C. NAME of CEMETERY	or CREMATO	ORY 24D.	LOCATION	(City, to	wn, or county	(Stote)
REMOVAL (Specify) T AT	6-8-12			Y	oriol.	0 A -	m	d
25A. DATE REC'D BY HEALTH DEPT.	0 00	OF REGISTRAR	25C	FUNERAL DIRECTO	OR D		ADDRESS	1
				1170	-	_		1 0 - 10 -
AUG 9 19	100 (Colon	b E. Farbeyr	1.	O.WITPP	EKT-13	DOK	UTAV	V-PEACE
VS 151-REV. 1/1/68 -		•		9				



7-25

68- 8137 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S C	CERTIFICATE OF DEATH REG. NO. 68-8137.
1. NAME OF DECEASED	2. DATE Known & Month Doy Year Hour
(Type or Print)	OF T
PERCY JOHNSON	0 1 00 H.37 a M.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Manth Doy Yeor Haur PRONOUNCED DEAD
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION)	August 7, 1968 1:39 a M.
OR INSTITUTION	5. USUAL RESIDENCE (Where deceosed lived. If institution; residence before odmission)
000000	A. STATE B. COUNTY
6. SEX 7. RACE 8. MADDIED NIEVED MADDIED	Maryland C. CITY OR TOWN D. INSIDE CITY HMITS
6. SEX 7. RACE 8. MARRIED A NEVER MARRIED	
Male Colored WIDOWED DIVORCED	Balto, YES NO NO
9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs.	E. STREET AND NUMBER
May 17, 1910   lost birthdoy)   Months Days Hours Min.	0000 7 1 0
11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF	2803 Baker St.
MANAGE COMPANY	
James City Co., Va. WHATCOUNTRY?	WILLIE W. JOHNSON
14A. USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY	15. MOTHER'S MAIDEN NAME
done during most of working life, even if retired)	HATTIE JOHNSON
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give wor or dotes of service)  20-0-10-10-10-10-10-10-10-10-10-10-10-10-	IB. INFORMANT ADDRESS
(Yes, no or unknown) (If yes, give wor or dotes of service) 228-05-7088	Mrs. Irene Johnson 2803 Baker Stree
19. CAUSE OF DEAT	TH APPROXIMATE INTERVAL
16 04.1	BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	
LEADING TO DEATH (A)IMMEDIATE C	AUSE Pulmonary carcinoma (right lung)
(This does not mean the mode of dying, e.g., DUE TO, OR A heart failure, asthenia, etc. It means the disease,	AS A CONSEQUENCE OF:
Injury or complication which coused death.)	
ANTECEDENT CAUSES (8)	
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO, OR . RISE TO THE ABOVE CAUSE (A) STATING THE	AS A CONSEQUENCE OF:
UNDERLYING CONDITION LAST.	
(c)	
E / 63 X II	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	
7 63 X II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA	
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA	AS PERFORMED 21. AUTOPSY? (Yes or No)
5	
COOK EVERNAL CALIFF WAS	No
O LINDERLYING TOP CONTRIB	In or obout 22C, WHERE DID (If in Boltimore City, give exoct location) e bldg., etc.) INJURY OCCUR?
UTING CAUSE OF DEATH.	
22D. TIME (Month) (Doy) (Yeor) (Hour) 22E.INJURY OCCURRED	22F. HOW DID INJURY OCCUR?
OF INJURY NOT	WHILE
(APPROX.) m. WORK AT W	VORK L
23.	
I certify that I held an Inquiry Inspection XX Au	topsy ond that on this basis, death In my opinion
resulted from: Notural courses XX Accident Suicid	de Homicide Undetermined monner
Tesuried House Courses East Accident 1 301610	
1	CHIEF MEDICAL EXAMINER DATE SIGNED
SIGNATURE M.D.	ASSISTANT MEDICAL EXAMINER XX
EXAMINER'S	ASSOCIATE MEDICAL EXAMINER
	- 1010
	August 7, 1968_
NAME (Type) Edward F. Wilson, M.D.	OF CREMATORY INC. ATION (City town of county) (City)
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY	
24A. BURIAL CREMATION, REMOVAL (Spirity) 8-11-68 Chicahomie	
24A. BURIAL CREMATION, REMOVAL (Spirity) 8-11-68 Chicahomie	Ch. Cem. Toano, Virginia
24A. BURIAL CREMATION, PARTIE STATE	Ch. Cem. Toano, Virginia  25C. FUNERAL DIRECTOR ADDRESS
24A. BURIAL CREMATION, REMOVAL (Splify) 8-11-68 Chicahomie	Ch. Cem. Toano, Virginia
24A. BURIAL CREMATION, PARTIE STATE	Ch. Cem. Toano, Virginia  25C. FUNERAL DIRECTOR ADDRESS

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68- 8138 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL	EXAMINER'S	CERTIFICATE	OF DEATH DEC N
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68- 8138

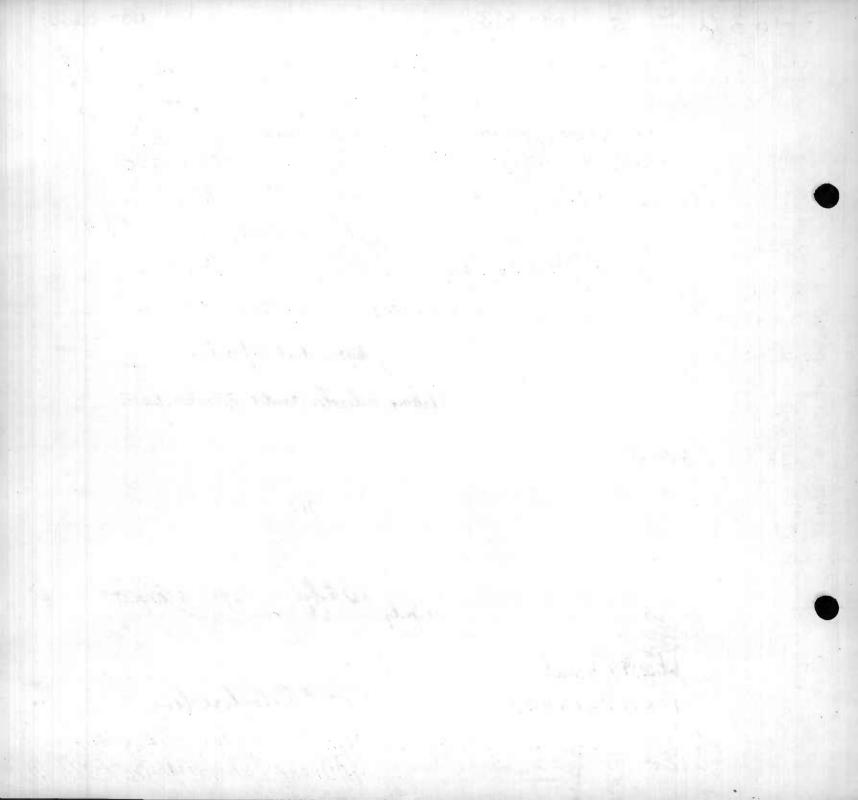
BIRTH NO.		
1. NAME OF DECEASED (Type or Print) HANNAH SNEED	2. DATE Known Month Doy Yeor OF DEATH Estimoted August 7, 1968	Hour M.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION	PRONOLINGED DEAD	3:25 P. M.
927 N. Calhoun Street	A. STATE Maryland B. COUNTY	ore odinission)
6. SEX   7. RACE   8. MARRIED   NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?	
Female Negro WIDOWED ☐ DIVORCED ☒	Baltimore YES NO	
9. DATE OF BIRTH 10. AGE (In years   If Under 1 Yr. If Under 24 Hrs	E. STREET AND NUMBER	
12-24-1904 lost birthes Months Doys Hours Min.	927 N. Calhoun Street	
N. Thumberland Co., Va. WHATEOUNTRY?	13. FATHER'S NAME GLASCOE SMITH	
4A.USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTRY for during most of working life, even if retired)  Factory Worker	TOPSY SMITH	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give wor or dotes of service)	18. INFORMANT ADDRESS	
No. 215-16-178L	Mrs. Mary Savage 927 N. Call	houn St.
19. CAUSE OF DEA		OXIMATE INTERVAL N ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY CATC	cinoma of sigmoid colon with	
(A)IMMEDIATE C	CAUSE METASTASES AS A CONSEQUENCE OF:	
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	AS A CONSEQUENCE OF:	
DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA	AS PERFORMED 21. AUTOPS	SY? (Yes or No)
		io
UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.  22D. TIME (Month) (Doy) (Yeor) (Hour) 22E.INJURY OCCURRED	in or obout 22C. WHERE DID (If in Boltimore City, give exact location) to bldg., etc.) INJURY OCCUR?	
	WHILE VORK	
I certify that I held on Inquiry Inspection X Au	otopsy . ond that an this bosls, deoth in my opinion	
ACTUAL ACTUAL Suicid	CHIEF MEDICAL EXAMINER D	ATE SIGNED
EXAMINER'S Charles S. Springate, M.D.	ASSOCIATE MEDICAL EXAMINER August 8,	1968
24A. BURIAL CREMATION, REMOVAL (Specify)  Burial  8-12-68  Arbutus Mem		(Stole) ryland
AUG 9 1968 (P. L. F. L. Farluma	MORTON & DYETT F.H. 1701 L	aurens S

VS 151-REV. 1/1/6B

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FUNERAL DIRECTOR: IMPORTANT	er or or	obtained before the remains are embaimed of rinal disposition is made.
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	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death. Such	written approval must be

	BALTIMORE CI	ITY HEALTH DEPARTMENT
6	68- 8139 CERTIFIC	ATE OF DEATH REG. NO. 68-8139
	AME OF DECEASED	2. DATE AND HOUR OF DEATH
(Тур	e or Print) Lelia H. Ponten	
3. P	LACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Wifere deceased lived, If institution: residence before admission A. STATE  B. COUNTY
HO	L NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	C, CLEX, OR TOWN D. INSIDE CITY LIMITS?
INS	The Wesley Home	BZ/TIMORE YES NO
7	2211 W Rogers Ave	E. STREET AND NUMBER
5. S.		B. DATE OF BIRTH 9. AGE In years If Under 1 Yr. If Under 24 Hr
1	6. RACE WIDOWED NEVER MARRIED WIDOWED DIVORCED	Oct 7 1891 lost birthdoy Months Doys Hours Min.
	USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUST	
uune	goring mas of working me, even interned)	Maryland USA
13. 1	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	John H HARRISON	Mizry E Smith
15. \ (Yes	Was Deceased Ever in U. S. Armed Forces?  To of unknown) (If yes, give wor or dotes of service)  16. SOCIAL  SECURITY NO.	17. INFORMANY ADDRESS
_	Vu 2/6/8690	DA Wesley Home lecurds
	18. CAUSE OF DE.	BETWEEN ONSET AND DEAT
	LEADING TO DEATH	AUSE My ocardial infarction
		AS A CONSEQUENCE OF:
	injury or camplication which coused death,)	0 A. O.
	ANTECEDENT CAUSES  (B)  (B)  (B)	AS A CONSEQUENCE OF:
	rise to the abave cause (A) stoting the	AS A CONSEQUENCE OF:
	UNDERLYING CONDITION lost. (C)	
z	420 / II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
ATIO	TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
	198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
CER	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.	g., in or obout 21C. WHERE DID (If in Boltimore City, give exect location) office bidg., INJURY OCCUR?
CAL	OR CONTRIBUTING CAUSE OF home, lorm, foctory, street, etc.)	office blogs, INJURI OCCUR:
ā	21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY	21F. HOW DID INJURY OCCUR?
>	(APPROX.) While At Not Work At Work	
	22. I certify that (1) (this hospital) attended the deceased from	9 4 chover 1967 to 3 dugust 1968
	that (1) (we) lost sow the deceased alive an 30 feel	7 19 6 and that in (my) (our) oplhion death occurred on the de
	and hour and from the couses stated above. (1) (We) (did) did not	
	23A. SGNATURE	Attending Med. Staff Director Phys.
	23 CPHYSICIAN'S GEGREE	Attending Med. Staff Phys. 23D. ADDRESS
	NAME (Type) ROTH NAME (Type)	1652 & Belredere And
24A	BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF	KEE!/
	BUNGAL (Specify) C DUCLE SONING HI	11 Com Factor March
25A	DATE REC'TAN HEARTH DATE A RESISTANT	2S FUNERAL DIRECTOR ADDRESS
	DATE REC'TANTE OF REGISTRAR	Divage Funeval Home B. 14 M
_	150-REV. 1/1/68	h Maria Militaria





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68- 8141 BALTIMORE CITY HEALTH DEPARTMENT
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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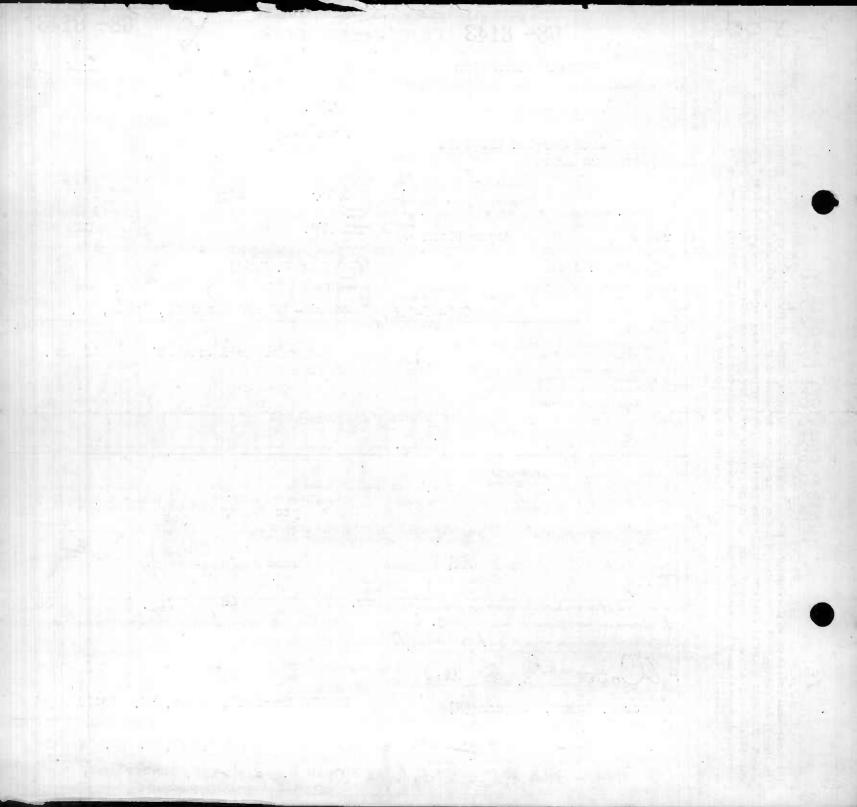
Wilden.	AIL	.DICAL	. L//	AMILATE O	- FLV III	CAILO	DLAII	REG. NO			
BIRTH NO.								MEO. IVO.			
1. NAME OF DE					2. DATE OF	Known 🔀	Month	Doy	Yeor	Hour	
(1790 01 11111)	Leste	r	lark		DEATH	Estimoted [	August	7, 196	8		М.
4. PLACE IN BA	LTIMORE, MARYLAND	, WHERE PI	RONOU	NCED DEAD	3. DATE		Month	Doy	Yeor	Hour	
FULL NAME OF HOSPITAL	(IF NOT IN HOSI ADDRESS OR LO	PITAL OR INS	HOITUTIT	, GIVE STREET	PRONC	UNCED DEAD	August	7, 196	58	10:30	Pau
OR INSTITUTION	ADDRESS OR LO	CAHON			5. USUAL	RESIDENCE (Who					
00	2510 014	C +	4.		A. STATE		8	COUNTY			
6. SEX	2518 Oliver				C. CITY O	Maryland		D. INSIDE CI	TV I IBAITCE	- California	
o. SEA	7. RACE	o. MARI	SIED 📙	NEVER MARRIED	C. CITY O	K TOWN		1	ANDRO P		
Male	Negro	WIDOV	NED 🗌	DIVORCED .		Baltimor	e	YE	s X	NO	
9. DATE OF BIRT	TH 10. AGE lost birth	(In years	If Unde	r 1 Yr. If Under 24 Hrs. Doys , Hours , Min.	E. STREET	AND NUMBER				1	
8/19/38	3	0				2518 Oli	ver Stre	et			
	State or foreign country	)	12. CITI	ZEN OF	13. FATHE	R'S NAME	14				
N.C.			WH	AT COUNTRY?	77.2		1-				
	JPATION (Give kind of we	ork 14B. KIND	OF BU	SINESS OR INDUSTR	Y 15. MOTH	rd Clar	AME		_		
done during most of	working life, even ifretire	d)		200 0.1.1000111							
	TER FIFE IN III C . T.	150 500==	co lea	COCIAL	Anni	e Dawso	n		DDFCC		
(Yes, no or unknown	SED EVER IN U.S. ARN i)(If yes, give wor or dot	les of service	) 1	SOCIAL SECURITY NO.	1B. INFOR	MANI		AL	DRESS		
No					Mrs.	Susie	Wright	2518 1	E. 0	liver	St.
19. 2 11 3	29			CAUSE OF DEA	TH					APPROXIMATE IN	TERVAL
0 70	or on completion by	DECTIV									
DISEAS	SE OR CONDITION DI LEADING TO DEATH	RECTLY				0 1	1 - 1 -				
(This days :	not mean the mode of	duine on		(A) IMMEDIATE			1 palsy				
heort foilure	e, osthenio, etc. It meons	the diseose,		DUE IO, OR	AS A CONSE	QUENCE OF:					
injury or co	mplication which coused	deoth.)									
Δ.	NTECEDENT CAUSES			(n)							
	OR CONDITIONS, IF A	NY, GIVING	,	DUE TO, OR	AS A CONS	EQUENCE, OF:					
RISE TO TH	IE ABOVE CAUSE (A) S	STATING THE									
Z	NO CONDINON LAS	1,		(C)							
F 352 X	II NIFICANT CONDITIONS										
OTHER SIGN	NIFICANT CONDITIONS	CONTRIBU	TING								
DISEASE OF	R CONDITION GIVEN IN	PART 1 (A)	).	(							
OTHER SIGN TO THE DE DISEASE OF	F OPERATION 20B. C	ONDITION	FOR WI	HICH OPERATION W	AS PERFOR	MED			21. AUT	OPSY? (Yes o	r No)
										No	
₹ 22A. EXTER	NAL CAUSE WAS		22B. PLA	CE OF INJURY(e.g.,	in or obout	22C. WHERE DI	O (If in Boltimore	City, give exo	ct locotion		
UNDERLYING UTING CA	G OR CONTRIB		home, fo	rm, foctory, street, offic	e bldg., etc.)	INJURY OCCUR	?			<b>,</b>	
UTING C	AUSE OF DEATH.		1 1000			005 110115		-			
OF INJURY	(Month) (Doy) (Y	reor) (Hou		INJURY OCCURRED		22F. HOW DID	INJURY OCCU	K?			
(APPROX.)			m. WOI	LE AT NO	WHILE VORK						
23.											
l cer	tify that I held on	Inquiry		nspection A	topsy	ond that on	this bosis,	eoth in my	opinion		
resul	Ited from: Notural o	ouses X	Acc	ident Suici	de 🔲 🕒	lamicide 🔲	Undetermin	ed monner			
		0				CHIEF MEDICA					
ACTUAL	( ) -	$X \cdot $	. 1		۸۵۹	SISTANT MEDICA		X		DATE SIGN	NED
SIGNAT		300	4	- 49 M.	).						
NAME (	Туре)			gate, M.D.		OCIATE MEDIÇA		→ At	igust	8, 196	8
24A. BURIAL CRE REMOVAL (Spec		E		NAME of CEMETERY		ORY 24	D. LOCATION	(City, town	, or count	(Sto	te)
Burial		0/68	M	t Auburn	Cem		Balto.				
25A. DATE REC'D	MATTH DENIES	(35B/)		REGISTRAR		FUNERAL DIREC			DDRESS		
	1995	466	ents a	-> Allegania	101	0 16					
					W.	m C Mar	en 92	8 E. 1	lorth	1 Ave.	

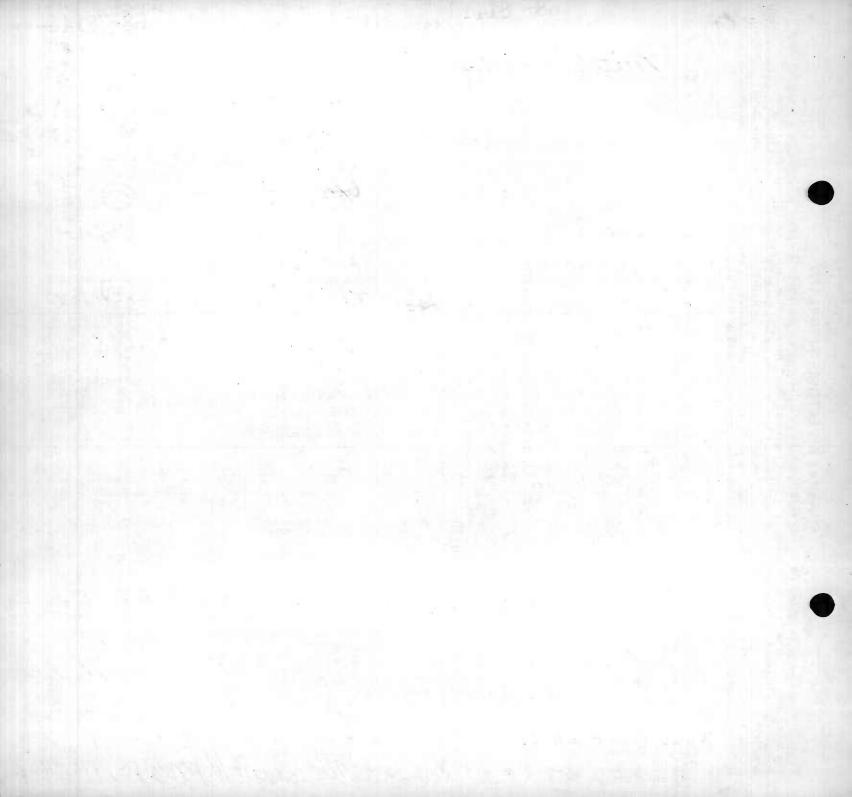
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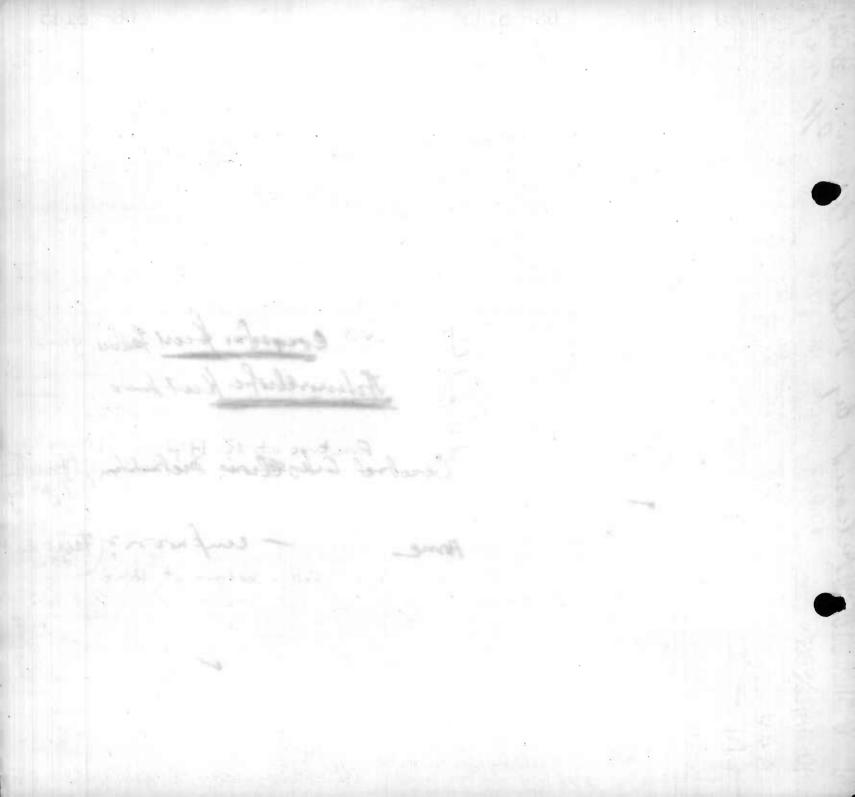
BALTIMORE CITY HEALTH DEPARTMENT

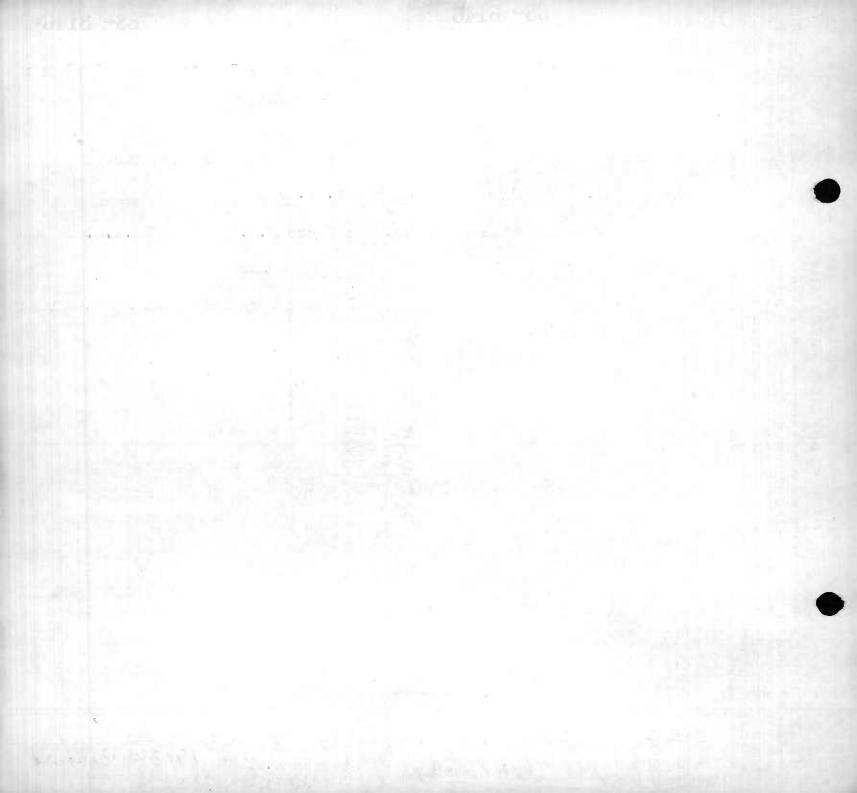
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		68	8- 814		TE OF DEA	The state of	NO	68-	8143	
	RTH NO.  NAME OF DECEASED  REGINO.  12. DATE AND HOUR OF DEATH									
	Pe or Print) Robert Watson Linn				Aug. 6, 1968			111	:34 A	
3. P	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission A. STATE B. COUNTY					
FUI	LL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET SPITAL OR ADDRESS OR LOCATION)			W.Va. /- 45						
INS				C. CITY OR TOWN Fort Ashby E. STREET AND NUMBER						
VE	US Public Health Service Hospital						YES [==	NO 📗		
13	3100 Wym	an Park Driv	re		L. SIREE RISD 1401	i bek				
5. S	ex M	6. RACE	7- MARRIED WIDOWED	NEVER MARRIED DIVORCED	6/25/07	9. AGE (In y last birthdoy)	ears	If Under 1 Yr. Months Days	If Under 24 H Hours Min.	
		warking life, even if retired)	11. BIRTHPLACE (State or foreign country) 12. CIT				USA			
3. 1	FATHER'S NAME				14. MOTHER'S MAIDEN NAME					
	George W. Linn				Cora L. Smith					
	Was Deceased Ever in U.S. Armed Farces? ,,na arunknawn)(If yes, give war ar dates of service			1 6. SOCIAL SECURITY NO.	17. INFORMANT			ADDR	ADDRESS	
163	No	was as seen Dennis HC DHC Hamital				ital,	, Balto, Md.			
	18.2 00,0 CAUSE OF DEATH				1				OXIMATE INTERVA	
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH				Reticulum cell sarcoma			1	5 mos.	
	(A) IMMEDIATE CAUS				SE					
	Chis does not mean the made at dying, e.g., Due to, or as a consequence of:   heart failure, asthenia, etc. It means the disease,   injury ar camplication which caused decith.)									
	ANTECEDENT CAUSES									
ATION					A CONSEQUENCE OF					
	rise to the obove cause (A) stating the UNDERLYING CONDITION lost.							ì	4	
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART ) (A).									
				20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?				IDERED ?		
C	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in barne, form, foctory, street, of DEATH (notify medical examiner)				n ar about 21 C. WHERE fice bldg., INJURY OC	DID (If h	Baltimare	City, give exoct	locotion)	
□	21 D. TIME (Manth) (Doy) (Year) (Hour) 21 E. INJURY OCCURRED OF INJURY (APPROX.) While At Mork At Work				21F. HOW D	ID INJURY OCCUR	?			
8					• 🗆					
	22. I certify that (IV(this haspital) attended the deceased from Mar. 17 1968 to Aug. 6							7.6	168	
	that (1) (we) last saw the deceased alive an Aug. 6 19 68 and that in (my) (aur) apinian deoth occurred on the dat									
	and hour and from the causes stated above. (1) (We) (did) (did not) view the bady after death.									
	23A. SIGNATURE				The body offer t		-	238, DATE SIGN		
					onding Med. Staff Shaff			8/6	5/68	
	23C. PHYSICIAN'S 23D. ADDRESS									
	Walter F. Oster, Surgeon (R)  US PHS Hospital, Balto, Md. 21211									
24A	QEGREE!							y, tawn, or coun	ty) (Stote	
	Burial 8-9-1968 Fort Ashby Ceme				eterv	Fort Asi	by.	W. Va Mi	neral	
25A		BY HEALTH DEPT.	25B. NAME	OF REGISTRAR	25C. FUNERAL DI	RECTOR		A [	DRESS	
		Aug 3 Idi	A CA D	the U sheat It is	ofather ti	DEATHER	Gun	berland	900	
_	150-REV, 1/1/		of Olle	J. E. Farley	danes t	Searpelli	, cun	5. Cal	2 00	









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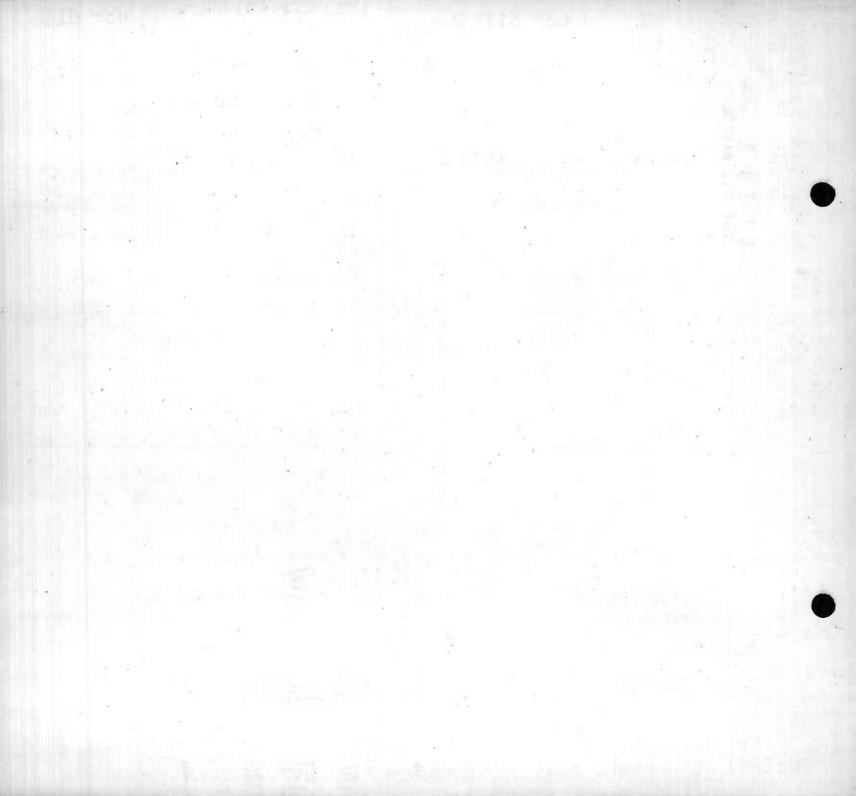
				BALTIMORE CITY HE					01	0.4	AFT
		MEI	DICAL E	EXAMINER'S C	CERTIFIC	CATE	OF DEAT	H REG. NO	6	8- 81	.41
-	TH NO.						*				
1. (Ty	NAME OF DEC	ESTBAN	URIVE		2. DATE OF DEATH	Known [	Manth  August	8, 196	8 Yes	Hour	м.
4.	PLACE IN BALT	MORE, MARYLAND,	WHERE PROT	NOUNCED DEAD	3. DATE		Month	Doy	Yes	or Hour	281.
HO	L NAME OF SPITAL INSTITUTION	(IF NOT IN HOSPIT ADDRESS OR LOCA	AL OR INSTITU	ITION, GIVE STREET		NCED DEA	August	8, 196			Ae M.
	00	520 Richw	ood Ave	enue	A. STATE	arylan		B. COUNTY	. Edda	. Mar	11331011)
6.	SEX	7. RACE	B. MARRIED	NEVER MARRIED	C. CITY OR	TOWN		D. INSIDE CI	TY LINE	TS2	7
	Male	White	WIDOWED	DIVORCED	В	altimo	re	V	ES X	NO	
_	DATE OF BIRTH	10.AGE ( lost birthd	In years If Mo	Under 1 Yr. If Under 24 Hrs. onths   Doys   Hours   Min.	E. STREET A	ND NUMB			.5 (23	No L	10
11	BIRTHPLACE	tote or foreign country)	12	CITIZEN OF	13. FATHER'S		nwood Ave	ilue			
	SAN A	NTONIO TEA	CAS .	WHAT COUNTRY	Vh	han	١ ١			TE.	
		PATION (Give kind of work orking life, even If retired)		F BUSINESS OR INDUSTRY	15. MOTHER	'S MAIDEN	NAME				
	•			Non	u	when	~				
16.	WAS DECEASE	D EVER IN U.S. ARME	D FORCES?	17. SOCIAL SECURITY NO.	18. INFORM	ANT		Al	DDRESS		
110	s, no or onknowny	(If yes of E Sdotes	or service)	194-10-2870	140	enetta	Vrue		5/0	Richman	d Mu
1	19. 011, 0	1		CAUSE OF DEAT		77. 114	0.1.0			APPROXIMATE	
	(This does no heart failure, injury or com	E OR CONDITION DIRI LEADING TO DEATH of meon the mode of d osthenia, etc. It means the application which coused de	ylng, e.g., e diseose,	(A)IMMEDIATE C DUE TO, OR A	AUSE Tub		s pneumor	nia	·~~~	400000000000000000000000000000000000000	
7	DISEASES O	NTECEDENT CAUSES OR CONDITIONS, IF AN E ABOVE CAUSE (A) STA IG CONDITION LAST.	Y, GIVING ATING THE	(B)	AS A CONSEG	UENCE OF:					o dare dare makense samenterediereden den ville
CERTIFICATION	TO THE DEA	II IFICANT CONDITIONS C TH BUT NOT RELATED TO CONDITION GIVEN IN I	THE TERMINA	G	Cir	rhosis	of live				
ERT				R WHICH OPERATION WA	S PERFORM	ED			21. A	UTOPSY? (Ye	s or No)
ប	2									Yes	
MEDICAL	UNDERLYING UTING CAI 22D. TIME ( OF INJURY (APPROX.)	NAL CAUSE WAS OR CONTRIB- USE OF DEATH. Month) (Doy) (Yea	or) (Hour)	B. PLACE OF INJURY (e.g., me, form, foctory, street, office company)  22E. INJURY OCCURRED NOT WORK AT W	while	IJURY OCC			_		
		URE Charles	Uses X	Accident Suicident M.D.	le Ho C ASSIS	micide  CHIEF MEDIO	on this basis, Undetermi CAL EXAMINER CAL EXAMINER CAL EXAMINER	ned manner [		DATE SI	
24 RE	A. BURIAL CREA MOVAL (Specif	AATION, 248. DATE	-68	Ballo Neu	A-Ca	w	Bali	10.		me	otote)
25	A. DATE REC'D	BARGIHDEPTIOS	250 NAM	AE OF REGISTRAR	25C. F	WERAL DI	RECTOR	Oso A	DDRESS	m.	11.

, : u M The state of the  68-8148 BALTIMORE CITY HEALTH DEPARTMENT

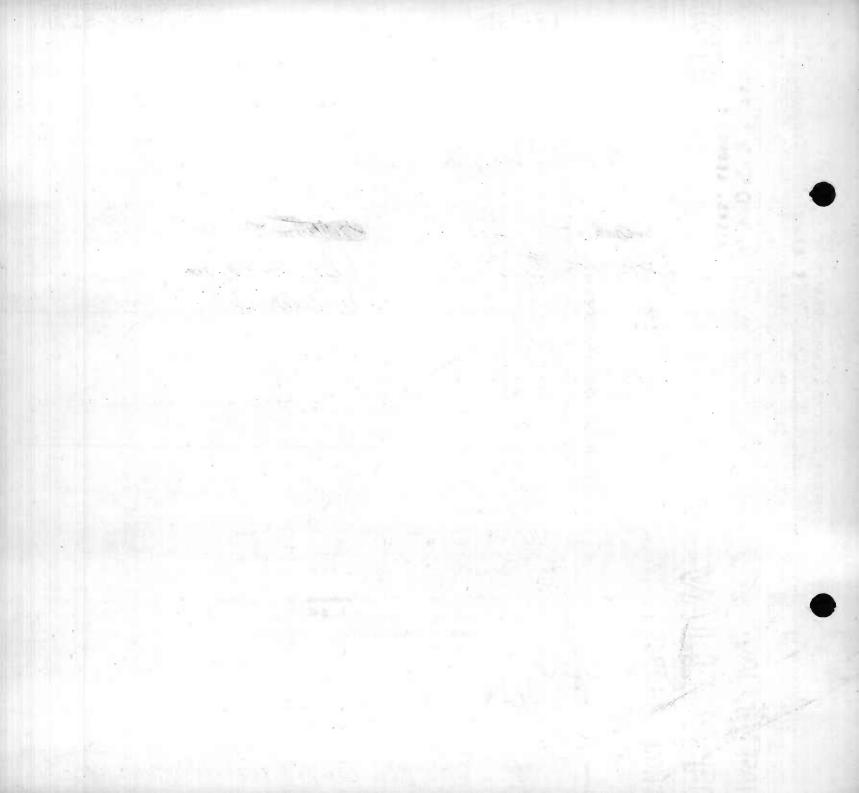
MEDICAL EVAMINED'S CEDTIEICATE OF DEATH

68-	81	48	
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BIRTH NO.	MEL	ICAL E	VAWIINEK 2	CERTIFICATE OF DEATH REG. NO.
1. NAME OF DEC	CEASED			2. DATE Known X Month Day Year Hour
(Type or Print)	WILLI	AM RAY		OF Falimated August 7, 1968
4. PLACE IN BAL	TIMORE, MARYLAND, Y	WHERE PRON	OUNCED DEAD	3. DATE Month Day Year Hour
FULL NAME OF HOSPITAL	(IF NOT IN HOSPIT	AL OR INSTITUT	ION, GIVE STREET	PRONOUNCED DEAD August 7, 1968 8:05 P.M.
OR INSTITUTION	Mercy Hospit	a1	(DOA)	S. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  A. STATE  B. COUNTY  Maryland
6. SEX	7. RACE	B. MARRIED		C. CITY OR TOWN D. INSIDE CITY LIMITS?
Male	Negro			- Contract of the Contract of
9. DATE OF BIRT	U IIO ACE /	WIDOWED	Inder 1 Yr. If Under 24 Hrs.	TIS EL ANOTES
A DAIL OF BIRT	19/0 lost birthdo	(Y) Mor	ths, Doys, Haurs, Min.	17 N. Exeter Street
11. BIRTHPLACE	itate or foreign country)		CITIZEN OF	13. FATHER'S NAME
		14B. KIND OF	BUSINESS OR INDUSTR	Y 15. MOTHER'S MAIDEN NAME
dane during most of v	varking life, even if retired)			
16. WAS DECEAS (Yes, na or unknawn)	ED EVER IN U.S. ARME	of service)	17. SOCIAL SECURITY NO.	18. INFORMANT ADDRESS
19. // "	100		CAUSE OF DEA	TH APPROXIMATE INTERVAL
7/-	4		Artor	iosclerotic cardiovascular disease
	E OR CONDITION DIRE LEADING TO DEATH	CTLY	III CCI	ioscielotic caldiovasculai disease
(This does n	at mean the mode of d	/Ing, e.g.,	(A)IMMEDIATE (	CAUSE  AS A CONSEQUENCE OF:
heort foilure	, asthenia, etc. It means th application which caused de	e diseose,	DOL TO, OK	AS A CONSEQUENCE OF:
,		,		
	NTECEDENT CAUSES		(B)	
DISEASES (	OR CONDITIONS, IF AN E ABOVE CAUSE (A) STA	Y, GIVING	DUE TO, OR	AS A CONSEQUENCE OF:
UNDERLYIN	G CONDITION LAST.		(c)	
0 7/33	II II		/ w/memoratestanden-ded-de-e-	
Q TO THE DEA	IIFICANT CONDITIONS CATH BUT NOT RELATED TO	THE TERMINAL		
20A. DATE OF			WHICH OPERATION W	AS PERFORMED 21. AUTOPSY? (Yes or No)
82				
₹ 22Å. EXTER	NAL CAUSE WAS	T22B	PLACE OF INTERVIOR	Yes in or obaut 22C. WHERE DID (If in Boltimare City, give exact location)
UNDERLYING	OR CONTRIB-	hom	e, farm, factory, street, affic	e bldg., etc.) INJURY OCCUR?
≥ 22D. TIME OF INJURY	(Month) (Doy) (Yeo	r) (Haur)	22E.INJURY OCCURRED	22F. HOW DID INJURY OCCUR?
(APPROX.)		m.		WHILE
23.		m.ţ	WORK LJ AIV	· · · · · · · · · · · · · · · · · · ·
I cert	ify that I held an	nquiry _	Inspection Au	topsy X and that on this basis, death in my opinion
cocul	ted from: Notural cou	X	Accident Suicio	
16301	7		Soleti.	CHIEF MEDICAL EXAMINER
ACTUAL	1		1	DATE SIGNED
SIGNATI		) ' ' '	JO JN (M.C	ASSISTANT MEDICAL EXAMINER X
EXAMIN NAME (1	CHALLES		ingate, M.D.	ASSOCIATE MEDICAL EXAMINER  August 8, 1968
24A. BURIAL CRE/ REMOVAL (Specif		2.	C. NAME of CEMETERY	or CREMATORY 24D, LOCATION (City, lowp, or county) (Stote)
Brua	8-12	-68	Mt Call	cy Cont a-a-County Mel
ZSA. DATE REC'D	BY HEALTH DEPT.	ZSB. NAM	E OF REGISTRAR	255 UNERAL DIRECTOR ADDRESS
	AUG 9 1961	RO.	49 Jul .	. Kloy Wilson Jood Brantas ke
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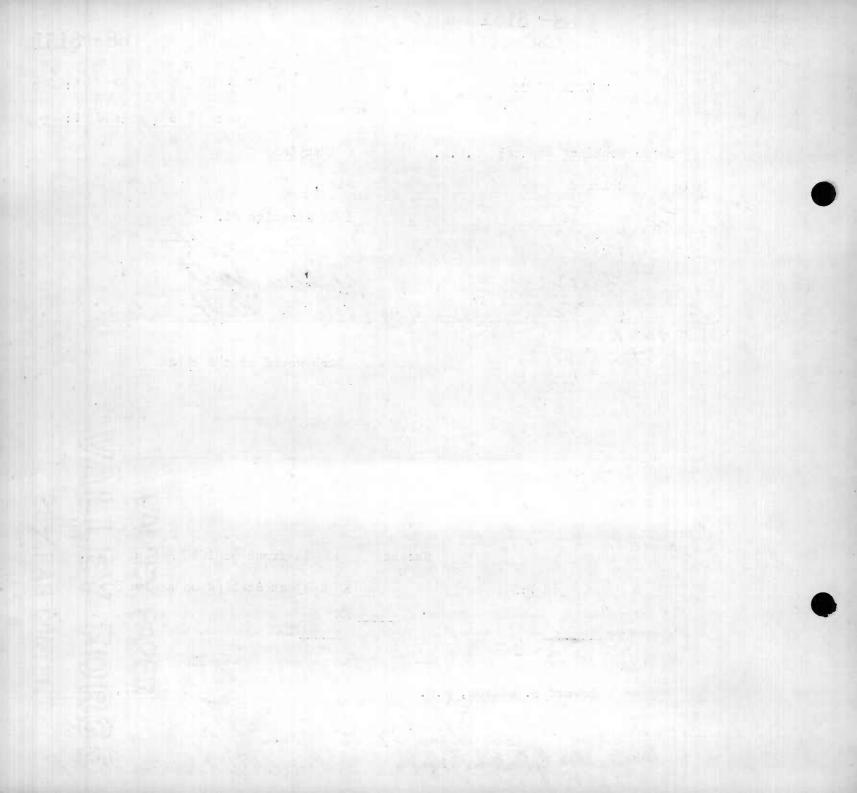
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## 68- 8151 BALTIMORE CITY HEALTH DEPARTMENT

<b>~</b> -,	EXAMINER'S	CERTIFICATE	OF	DEATH	G NO	68-	8151
				KE	G. NO		

810	TH NO.		MED	ICAL	EXA	MINER'S	CERTIF	ICATE	OF	DEAT	H REG. NO.	60	- 8151			
	NAME OF DEC	EASED					2. DATE	Knawn	ΠX	Manth	Day	Year	Haur			
	e or Print)		OF DEATH	Estimote		8	6	68	8:08 p							
MELVIN SCOTT  4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD										Month	Doy	Yeor	Hour			
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET								OUNCED DE	AD A	ugust	6	196	8 8:080			
	HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION							RESIDENCE					befare odmissian)			
	Tohn	s Hopk	ing Hos	enita'	ם ו	O.A.	A. STATE	Maryla	and		B. COUNTY					
6. 5	SEX	7. RACE	THO HOS				C. CITY OR TOWN D. INSIDE CITY LIMITS?									
6. SEX 7. RACE B. MARRIED NEVER MARRIED MINORCED DIVORCED							Balto.									
	ATE OF BIRTH		IO.AGE (In	yeors	If Under 1	Yr. If Under 24 Hrs	E. STREET	AND NUM	BER		-		NO.			
		1922	lost birthda	/)	Months   D	ays Hours Min.		10 Aisc	,,, i +	h St	4					
11.	BIRTHPLACE (S	tate ar foreig			2. CITIZI	N OF		R'S NAME	Juli	7	11					
	Lehous	1	miel	T	WHAT	COUNTRY?	),	10/100	1.	SI	14					
14A	USUAL OCCU	ATION (G)	kind of work	4B. KIND	OF BUSIT	NESS OR INDUSTR	Y 15. MOT	ER'S MAIDE	N.NAI	ME /	7/					
dane	during mast of w	orking life ev	en (retired)				1 /	MAIS	130	Secon						
16.	WAS DECEASE	D EVER IN	U.S. ARMED	FORCES	7 17.	SOCIAL	18. INPO	RMANT			// A	DDRESS				
(Yes	, no or unknown)	(It yes, give v	of poles	service)	120	SECURITY NO.	0/1	1,000	11.5	Stal	4	Len	, &			
	19. 501	/ V .	1		<i>~</i>	CAUSE OF DE	ATH			4			PPROXIMATE INTERVAL			
Е	DISEASE	OR COND	ITION DIRE	TIV								BETW	VEEN ONSET AND DEAT			
		E OR COND LEADING TO		LILT		(A)IMMEDIATE	CALLEE S	stab wor	ind	of the	chest					
н	(This does no	ot meon the						QUENCE OF:		<u> </u>						
П	injury or com	plicotian which	h caused dec	th.)												
l.	AN	TECEDENT	CAUSES			/p\										
	DISEASES C	ABOVE CA	ONS, IF ANY	GIVING		DUE TO, OF	AS A CON	EQUENCE OF	F:		al tal tal san tal tal tal tal for to tal tal tal tal an san tal tal an		h-4-4			
7		G CONDITI		ING INE		(c)										
CERTIFICATION	E 482	·	11			(0)::::::::::::::::::::::::::::::::::::										
N.	OTHER SIGN	IFICANT CON	IDITIONS CO													
Ĕ	DISEASE OR	CONDITION	GIVEN IN PA	RT 1 (A).												
E	20A. DATE OF	OPERATION	1 20B. CON	IDITION	OR WHIC	CH OPERATION V	AS PERFO	RMED				21. AUTO	OPSY? (Yes ar Na)			
-													YES			
O	22A. EXTERI UNDERLYING	NAL CAUSE		1	22B. PLAC	E OF INJURY(e.g., factary, street, affi	in or abaut	22C. WHERI	E DID CUR?	(If in Boltima	re City, give ex	act locotian)	10-01			
B	UTING CA	USE OF DEA	TH.			Stree		in :	fron		LO10 Ais	quith	St.			
2	OF INJURY	Month) (D	oy) (Year	) (Haur		JURY OCCURRED	T 348411 F	22F. HOW [	NI DIC	JURY OCC	UR?					
	(APPROX.)	8	6 68	7:50	MHILE WORK	AT AT	WHILE X	Subje	ct s	tabbec	d on sid	ewalk				
П	23.	ify that I h	ald an 1	nguiry [	1 100	pection A	topsy X	7 and the	4 am 4	hie heete	dooth in mu	aninian				
П								press	-		deoth in my ned monner					
	resul	ed from: N	מזטומו כסט	ses	Accide	ent Suici	de 🗀 .	CHIEF MED			ned monner (					
	ACTUAL	DUI	1811	4	IVI	5.	AC	SISTANT MED			⊠x		DATE SIGNED			
	SIGNATU		W. 0C	7	A - 4	M.	).									
	EXAMINI NAME (T		Edward	F. Wi	1son.	M.D.	AS	SOCIATE MED	DICALE	EXAMINER	Augus	st 7,	1968			
	A. BURIAL CREA	MATION, 2	4B. DATE	7 . 117		ME of CEMETER	or CREMA	JORY /	24D.	LOCATION		n, or county				
RE	MOVAL (Specif	O'Y	A-12	68	9	uttale.	11	4.1		OP	11/11		m. L			
25	A. DATE RECID	BY HEALTH	DEPT.	25B. N.	AME OF I	REGISTRAR	250	FUNERAL D	DIRECT	OR	9	ADDRESS	11 m			
1	AL		1968	20	40	Fa 1	250	Do.	-	7//	1	···	11-			
			1969	でたら	0 6"	Washer HA	1	eroy	0	Ull	2011	10/1	wey			
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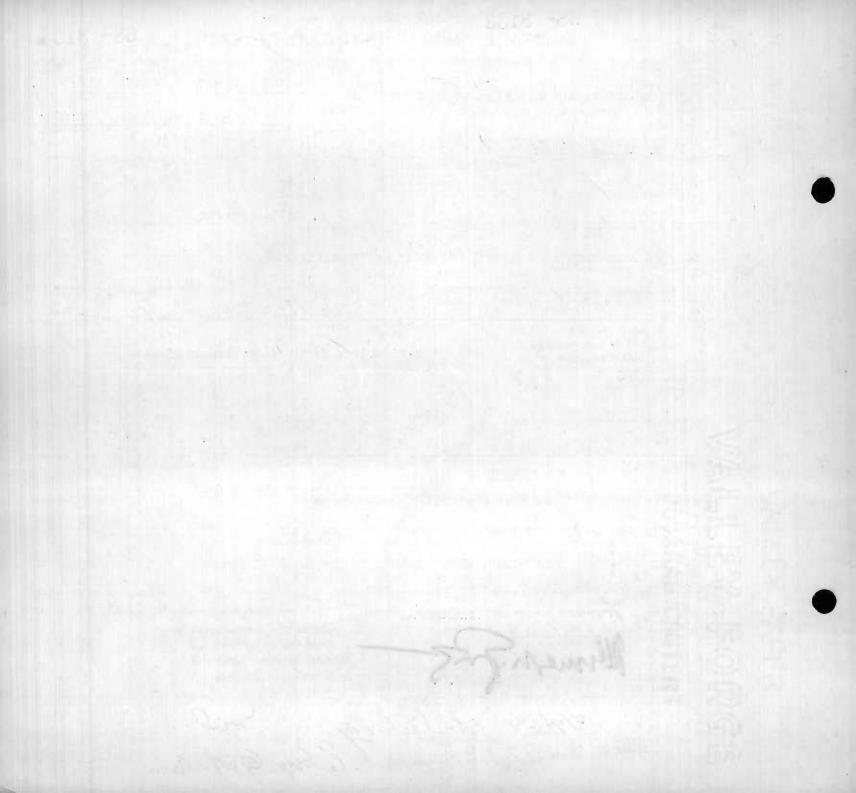


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Hadroning England Herist Careinman Medical residence of the second Howard Children In M.D. There to place the things are there

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Z	-			MED	DICA	L E	XAMINER'S	CERTIF	CATE	OF	DEATI	4	68	- 8153
BII	RTH NO.											REG. N	0	
1.	NAME OF I	ECEASE	D					2. DATE OF	Known		Month	Doy	Year	
OLEY WILLIAMS								DEATH	Estimat	ed 🛭	Augus	t 6,	1968	10:00 A M
4.	4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD										Manth	Day	Year	Haur
	LL NAME OF			IN HOSPIT		STITUTIO	ON, GIVE STREET	PRONC	UNCED DE	AD	Augus	t 6.	1968	11:55 A
	NOITUTITZMI		ADDICE	33 011 10 04					RESIDENCE	(Where				ce before odmission)
10	17 9	Da 1	120	Stree	t			A. STATE	ryland			B. COUNT	Υ	4
6.	SEX	7. R		Derec	-	PIED [	NEVER MARRIED	C. CITY O				D. INSID	CITYLIMD	57
	male		2000		WIDO	_		Pa	1+1	_		100	<del>V</del>	
_	DATE OF B	RTH	neg:	10. AGE (I			nder 1 Yr. If Under 24 Hrs	11	ltimor			A CONTRACTOR OF THE PARTY OF TH	YES X	NO L
		,	707	lost birthdo	(vy)		hs Days Hours Min.				0.			
11	BIRTHPLAC	F (State o	r foreig	61		12 0	ITIZEN OF	13. FATHE		llas	Stree	<u> </u>		
	JIK THE EAC	2 (01010 0	, torting	,		4	VHAT COUNTRY?	IS. PATRE	C 3 IVANIE					
						D OF	BUSINESS OR INDUSTR	Y 15. MOTH	ER'S MAIDE	N NA	ME			
la di	e during mast	or working	g lire, ev	au hetdirkea)	300									
	WAS DECE						17. SOCIAL	18. INFOR	MANT ,	-	17		ADORESS	
(Ye	s, na ar unkno	wn)(If ye	s, give	arrar dates	at servic	e)	SECURITY NO.	m	in It	7	1/11		lone	2
	19. 4	0	24				CAUSE OF DEA	ATH	J-w		00/	9		APPROXIMATE INTERVAL
	Dice	ACE OR	COND	TIO LI DIDE	CTIV									TWEEN ONSET AND DEAT
	DISE			ITION DIRE	CILY		Arterio	sclero	tic Ca	rdic	vascul	ar Dis	sease	
	(This doe	s not me	on the	mode of dy	/ing, e.g.,		(A)IMMEDIATE DUE TO, OR	AS A CONSE	QUENCE OF	:		Missi direkrisedi. Medirik sirakrib sa		the size 400 day the 400 day was also 400 as the 400 400 day 4
				It meons the h caused de										
	DISEASE			CAUSES ONS, IF AN	Y GIVING		(B)	AS A CONS	QUENCE O	F:				
	RISE TO	THE ABO	VE CAL	JSE (A) STA	TING TH	É								
Z	UNDEKL	TING C	ONDIII	UN LASI.			(C)							
ERTIFICATION	42:	211		II										
ଠ୍ର	TO THE	DEATH B	UT NOT	RELATED TO	THE TER	MINAL								
<u> </u>   <u> </u>			111	GIVEN IN P		·							- In an	
SER.		OF OPE	KAIION	1 SOR. CO	NDIIION	FOR	WHICH OPERATION V	AS PERFOR	MED				21. AU	TOPSY? (Yes or No)
بـ	0					,								No
<u>ŏ</u>	UNDERLYI	ERNAL (				home	PLACE OF INJURY (e.g. , farm, foctary, street, affi	, in or about ce bldg., etc.)	22C. WHER INJURY OC	E DID	(If In Boltimar	e City, give	exact location	n)
<u>@</u>	UTING [	CAUSE	OF DEA											
2	OF INJURY	(Manti	h) (D	ay) (Yea	r) (Ho	1	ZE. INJURY OCCURRED		22F. HOW	DID IN	JURY OCCU	R?		
	(APPROX.)							WORK						
	23.	111 9					EV-7							
	l c	ertify th	nat I h	eld on I	nquiry			utapsy L	and the	at an t	his basis,	death in r	ny opinian	1
	res	ulted f	am: N	atural cau	ses X	A	ectdant   Suici	de 🗌 H	amicIde L		Undetermin	ed manne	er _	ţ
		/	hIA				1		CHIEF MEI	DICAL	EXAMINER			DATE SIGNED
	SIGN	AL ATURE	104	MR	M	1	M.	D. ASS	ISTANT ME	DICAL	EXAMINER	X		
		INER'S	We	erner	U. SI	pitz			OCIATE ME	DICALI	EXAMINER			8/6/68
		(Type)			J. 0	0								
24 RF	A. BURIAL C	REMATIC	)N, 2	4B. DATE	,	24	C. NAME of CEMETER	ar CREMAT	ORY	24D.	LOCATION	(City, 1	awn, ar caur	nty) (State)
1	Sun	X		8/91	68	-	mr. (%)	hus.			mul	/.		
25	A. DATE REC	'DIBY H	ЕАЦН (	DEPI.	25B. I	VAME	OF REGISTRAR	ZSC.	EUNERAL	DIRECT	OR		ADDRESS	
		AUG	1 9	1968	0.0	. A	E. Farleyns	1	C /		2 7/	1		-100
					TON		- morey	-16	Vre.	3 6	99	low	1	DHAV-
VS	151-REV. 1/1	/68						har	X	-	-			- //

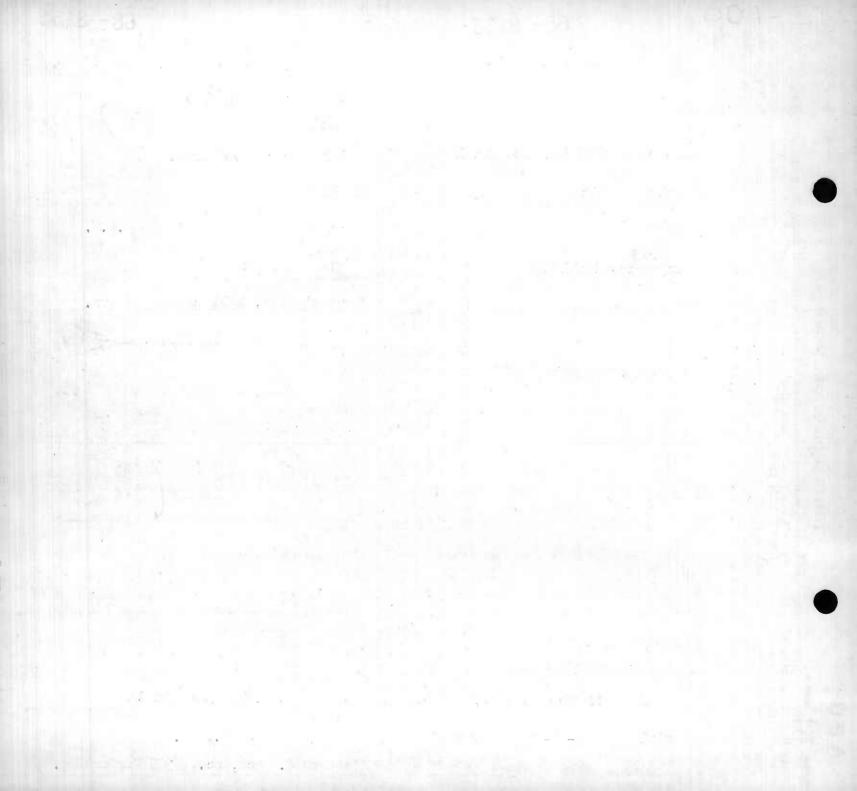


IMPORTANT

FUNERAL DIRECTOR:

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VS 150-REV. 1/1/6B



7-100

68- 8156 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S	CERTIFICATE OF DEATH REG. NO.	68-8156							
I. NAME OF DECEASED	2. DATE Known Manth Day	V (11							
(Type or Print) THOMAS James JUBB	OF Estimoted August 8, 1968	Year Hour 12:35 P.M.							
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Day	Yeor Hour							
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)  OR INSTITUTION	PRONOUNCED DEAD August 8, 1968	12:35 P.M.							
3 / CITY HOSPITAL	S. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  A. STATE  Maryland  B. COUNTY  A. STATE								
6. SEX 7. RACE B. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY	LIMITS?							
Male White WIDOWED DIVORCED	Baltimore YES	MO O							
9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs. last birthday) 36 Months, Doys, Hours, Min.	E. STREET AND NUMBER 68180 Nahaunt Street 6018 Nah	ant Street							
11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF	13. FATHER'S NAME								
Maryland WHAT COUNTRY?	Paul G. Jubb,	Sr.							
14A. USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTR	15. MOTHER'S MAIDEN NAME								
Laborer (Unemployed)	Elizabeth P.  18. INFORMANT ADD	Phillips							
17. SOCIAL SECURITY NO. 218-28-197	18. INFORMANT ADD	(Cama)							
19. CAUSE OF DEA	TH Jucs. Take 9. 3400	APPROXIMATE INTERVAL							
DISEASE OR CONDITION DIRECTLY Arterio	sclerotic Cardiovascular Diseas	BETWEEN ONSET AND DEATH							
LEADING TO DEATH (A)IMMEDIATE (									
	AS A CONSEQUENCE OF:								
injury di compilication witch coosed death.)									
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING  (B)  DUE TO, OR	AS A CONSEQUENCE OF:								
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.									
Z (C)									
other significant conditions Contributing Pulmona	Parkers and								
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION   20B. CONDITION FOR WHICH OPERATION W	ry Emphysema								
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	AS PERFORMED 2	21. AUTOPSY? (Yes or No)							
		yes							
UNDERLYING OF CONTRIB.   hame, farm, factory, street, offic	in or about 22C. WHERE DID (If In Boltimore City, give exact bldg., etc.) INJURY OCCUR?	ocotion)							
UTING CAUSE OF DEATH.  22D. TIME (Manth) (Day) (Year) (Hour) 22E.INJURY OCCURRED	22F. HOW DID INJURY OCCUR?								
OF INJURY WHILE AT NOT	WHILE VORK								
23.									
I certify that I held an Inquiry Inspection A		inian							
resulted from: Natural causes X Accident Suici									
ACTUAL SIGNATURE held Whather M.E.	CHIEF MEDICAL EXAMINER  ASSISTANT MEDICAL EXAMINER	DATE SIGNED							
EXAMINER'S Ronald N. Kornblum, M.D.		ıst 9, 1968							
NAME (Type)  24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY	ar CREMATORY 24D. LOCATION (City, town, o	or county) (State)							
Burial 8/12/68. Balto. Natio	10	An I							
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADD	JKE22							
AUG 9 1968 Robert E. Farloyma	Leonard J. Ruck, Inc. Bal	to.Md. 21214							
VS 151-REV. 1/1/6B		V							

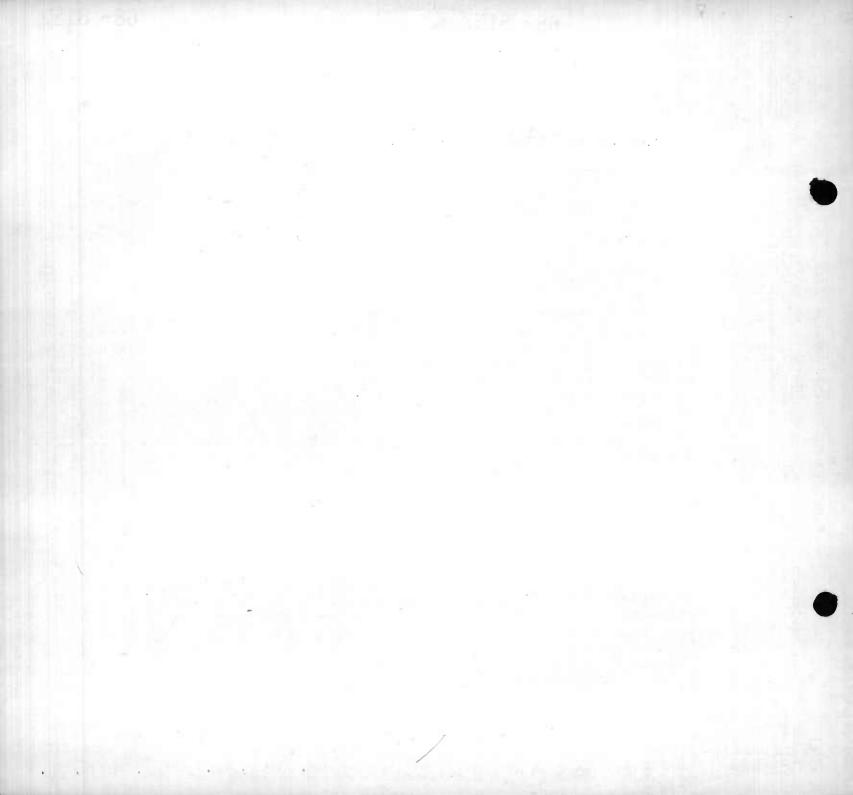
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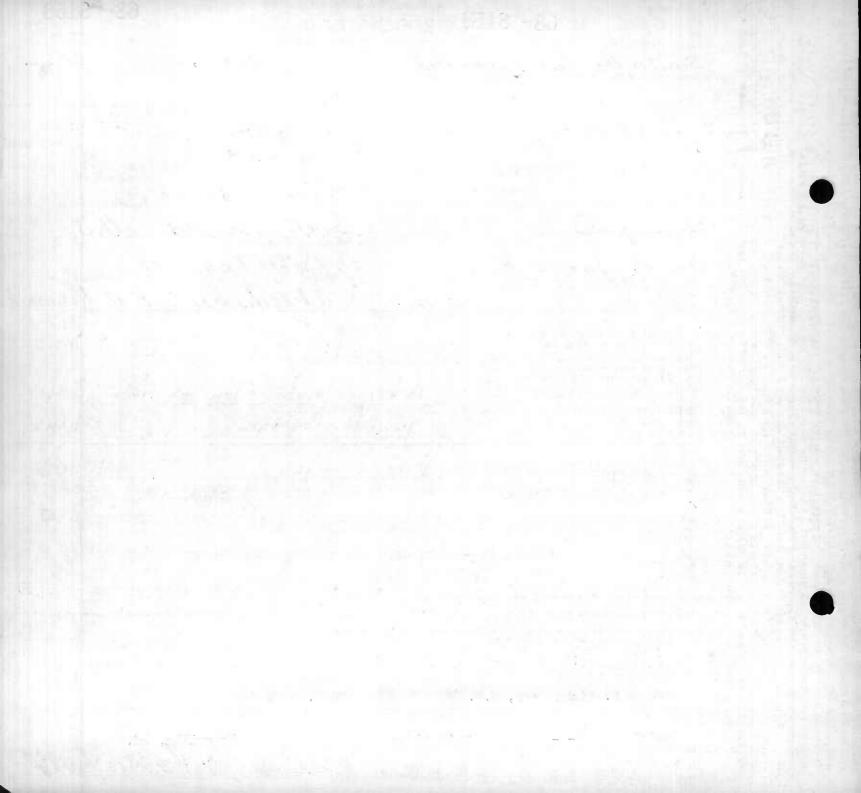
DIRECTOR:

FUNERAL

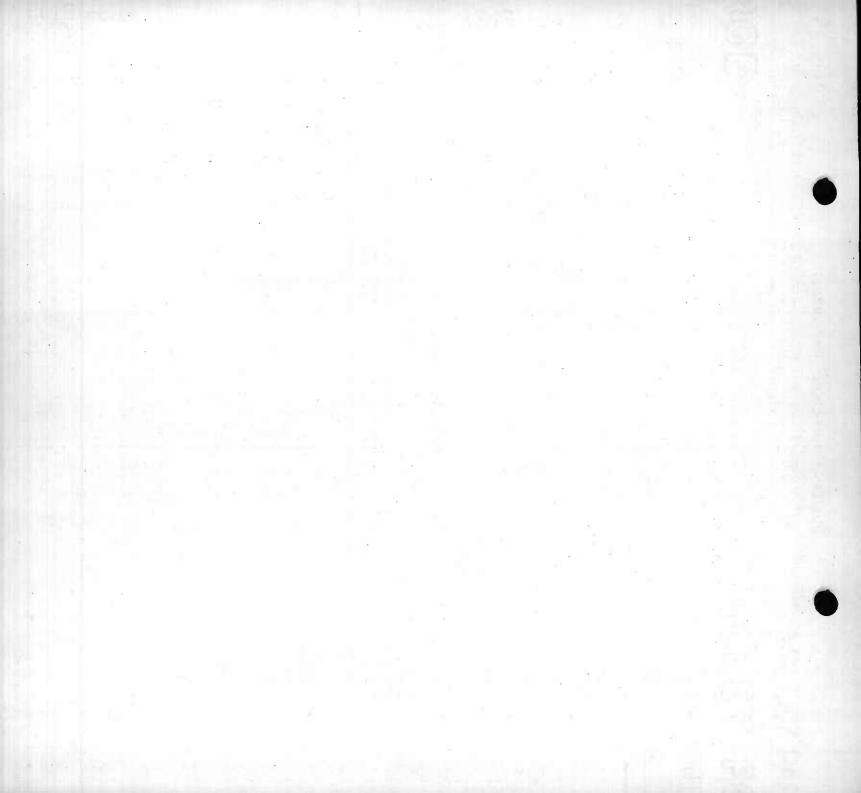
BALTIMORE CITY HEALTH DEPARTMENT



BALTIMORE CITY HEALTH DEPARTMENT



VS 150-REV. 1/1/6B



VS 150-REV. 1/1/68

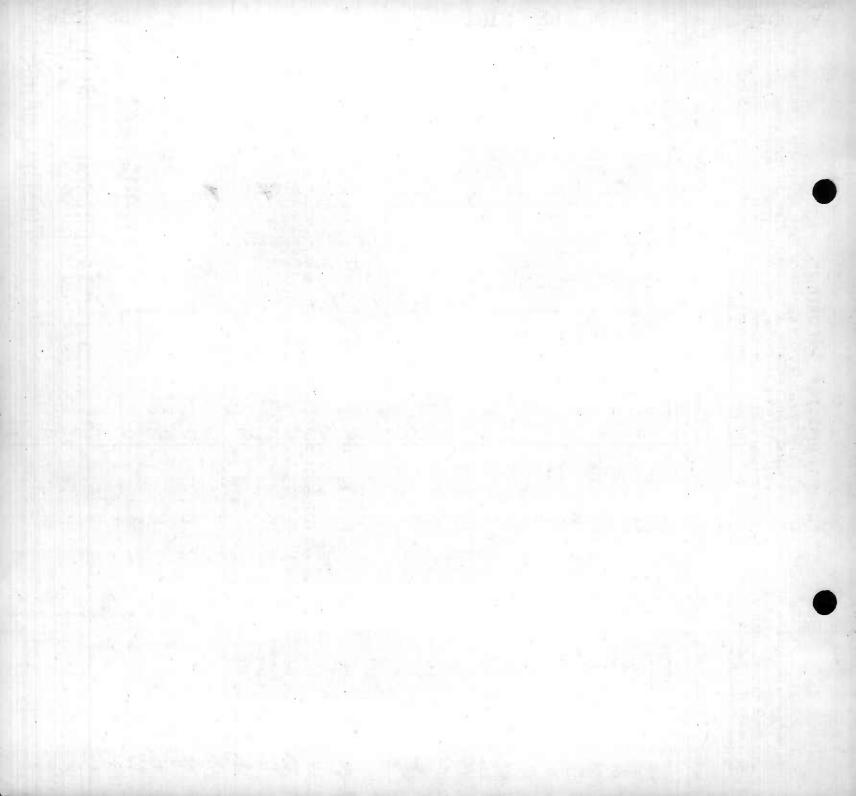
8/16/68 - Correction form from funeral director. A Carter

R-152

					BALTIMORE CITY HE								
			MED	ICAL E	XAMINER'S	CERTIFIC	CATE OF	DEATH	1	(	68-	81	61
BIF	RTH NO.								REG. I	٧٥			
	NAME OF DEC	CEASED				2. DATE	Knawn 🗌	Manth	Day	Y	ear	Haur	
(Туі	pe or Print)	KENNAR	.D	R	OBINSON	OF DEATH	Estimoted	August	8, 1	1968		2:20	P.,
4.	PLACE IN BAL	TIMORE, M	ARYLAND, W	HERE PRON	OUNCED DEAD	3. DATE		Manth	Day	١	/ear	Hour	241.
FUI	L NAME OF SPITAL INSTITUTION	(IF NO		L OR INSTITUT	ION, GIVE STREET		INCED DEAD	August				2:20	M.
0	20	. Stri	cker St	reet		A STATE	ESIDENCE (Where		. COUN		lence be	atare admir	sian)
6.	SEX	7. RACE		B. MARRIED	NEVER MARRIED	C. CITY OR	TOWN		D. INSID	E CITY LIA	ITS?	4	
	Male	Negr		WIDOWED		Baltin	more			YES		10 🗆	
9.1	DATE OF BIRT	-190°	10. AGE (In last biethday		Inder 1 Yr. If Under 24 Hrs. hths: Days   Haurs   Min.		ND NUMBER Stricker	Stree	t				
11.	BIRTHPLACE (	-	Ign country)		CITIZEN OF	13. FATHER'S	SNAME	,					
140	USUAL OCCU			48. KIND OF	BUSINESS OR INDUSTRY	6	S MAIDEN NA	AF					
dan	eduring hastol	warkina life, e		Pour	CONTRACTOR			-					
	WAS DECEAS		U.S. ARMED		17. SOCIAL	1				ADDRE	SS		
(Ye	s, no ar ugknawn	(If yes, give	war ar dates o	if service)	SECURITY NO.		ydovi	30,	9/1	·Str			
	9.4 2 4 CAUSE OF DEATH											ROXIMATE IN EN ONSET A	
			DITION DIREC	TLY	Arterios	clerotio	c Cardiov	ascular	Dise	ease			
	LEADING TO DEATH  (A) IMMEDIATE CAUSE												
	(This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury ar camplication which caused death.)												
	injury di car	arpireditati wii	icii caasca aca	,									
		NTECEDEN		CIVILLO	(B)	AS A CONSEG	DUENCE OF		******	0 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4			********
	RISE TO TH	E ABOVE CA	IONS, IF ANY,	ING THE	DOE 10, OK	AS A CONSEG	VUENCE OF:						
Z	UNDERLYIF	NG CONDI	TION LAST.		(c)								
CERTIFICATION	422,	1	11						100				
5			T RELATED TO										
트	DISEASE OF	CONDITION	GIVEN IN PA	RT 1 (A).	,								
兴	20A. DATE O	F OPERATIO	N 208. CON	IDITION FOR	WHICH OPERATION W	AS PERFORM	ED			21.		SY? (Yes	or Na)
2	7											res	
MEDICA	UNDERLYING UTING CA		TRIB-		PLACE OF INJURY(e.g., e, farm, factory, street, offic			(If In Baltimore	City, giv	e exact loca	ation)		
Σ	22D. TIME		Day) (Year)	) (Haur)	22E.INJURY OCCURRED	2:	2F. HOW DID IN	JURY OCCU	R?				
	(APPROX.)			m.		WHILE O							
	23.				TORK ATT	OKK L						1	
	I cert	tify that I I	held an In	iquiry	Inspection Au	tapsy 🔀	and that an t	his basis, d	death in	my apin	ion		
	resul	ted fram:	Natural caus	ses 🖈 A	Accident Suicle	le 🗌 Ho	micide 🗌	Undetermin	ed mann	er 🗌			
		1		011/	1,0		CHIEF MEDICAL E	XAMINER				ATE SIGI	NED
	SIGNAT		wold	4 Ke	we lot	ASSIS	STANT MEDICAL	XAMINER	x		,	JAIL JIGI	ALD
	EXAMIN		nald N.	Kornb	lum, M.D.	ASSO	CIATE MEDICAL E	XAMINER		Augus	t 9,	1968	
	NAME (				•						1		
	A. BURIAL CRE		24B. DATE	1102	4C. NAME of CEMETERY	or CREMATO	24D.	LOCATION	City,	lawn, ar	Sunty)	(Sta	te)
1	Jun	v	8/12	100				020-48					
25	A. DATE REC'D	BY HEALTH	DEPT.	258. NAM	E OF REGISTRAR	25C. F	UNERAL DIRECT	OR //		ADDRE	55_		

VS 151-REV, 1/1/6B

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VS 150-REV. 1/1/6B

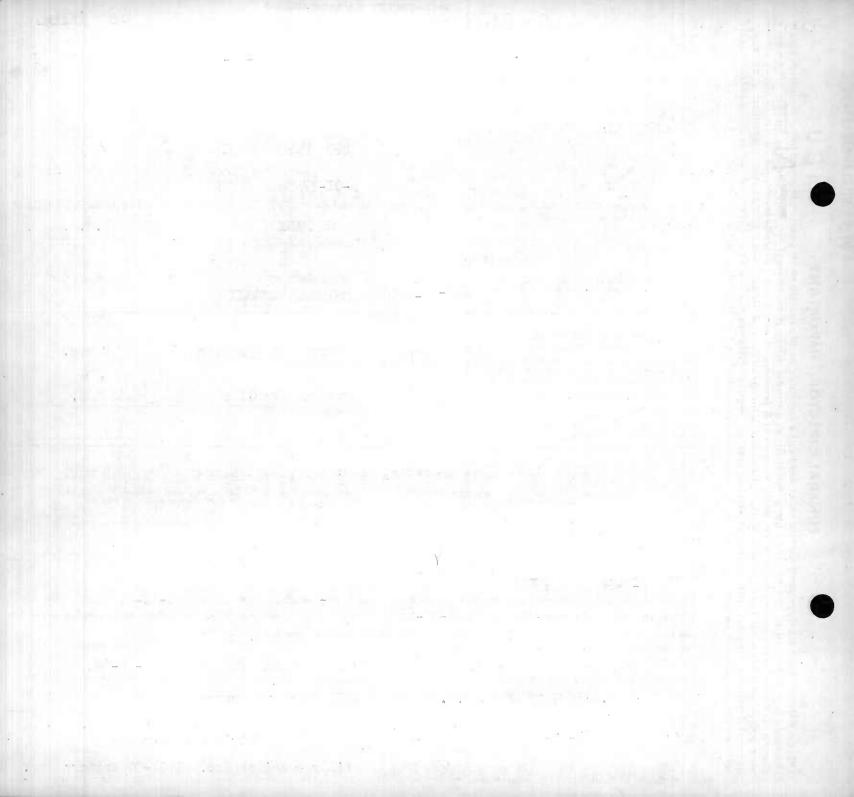
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ype or Print)	BLAZER, MARY	A.		2. DA11	8-IO-68	I:30 P
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) INSTITUTION					OUNTY	f institution: residence before admission
	N HILL NURSIN	IG CENTE	R	E. STREET AND NUMBER 220 MASON	ER COURT	YES NO
SEX F	6. RACE	7- MARRIED	145 A CK WAKKIED	B. DATE OF BIRTH 5-01-77	9. AGE (In years lost bing toy)	If Under 1 Yr. If Under 24 H Months Doys Hours Min,
	UPATION (Give kind of work working life, even if retired)	10B KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote of GERMANY	foreign country)	12. CITIZEN OF WHAT COUNT
3. FATHER'S NA	ME	Smelt	er	14. MOTHER'S MAIDEN	NAME	
S. Was Deceased es, no or unknown NO	Ever in U. S. Armed For (If yes, give war or date	ces? es of service)	216-19696T	ADMISSION R	ECORD	ADDRESS
(This does	SE OR CONDITION DIL LEADING TO DEATH not meen the mode of	dying, e.g.,	DUE TO, OR AS	SE Hemorrhagic	cystitis	2 mos.
(This does heart foilure, injury or con DISEASES (rise to the UN DERLYIN)  OTHER SIGNII TO THE DEA	LEADING TO DEATH not meon the mode of asthenio, etc. It meons inplication which coused ANTECEDENT CAUSES OR CONDITIONS, if e obove couse (A) G CONDITION lost.  II FICANT CONDITIONS CO TH BUT NOT RELATED TO T	dying, e.g., the disease, deoth.)  any, giving stating the  NTRIBUTING HE TERMINAL	(B)	proteus mir. A CONSEQUENCE OF: A CONSEQUENCE OF:	<b>a</b> bilis	2 mos. 2 mos.
OTHER SIGNII TO THE DEAD DISEASE OR OTHER SIGNIII TO	LEADING TO DEATH not meon the mode of asthenio, etc. It meons inplication which coused ANTECEDENT CAUSES OR CONDITIONS, if e obove couse (A) G CONDITION lost.  II FICANT CONDITIONS CO TH BUT NOT RELATED TO T CONDITION GIVEN IN PAR	dying, e.g., the disease, deoth.)  any, giving stating the  NTRIBUTING HE TERMINAL IT 1 (A). IDITION FOR	(B)	proteus mir. A CONSEQUENCE OF:  A CONSEQUENCE OF:  decubitus ulce  20A. AUTOPSY? (Yes of NO	abilis  or, sacrum  or No) 20B. IF YES, WEI IN CERTIFYING (	2 mos.

Lilly & Zeiler Inc.

1901-07 Eastern Ave.

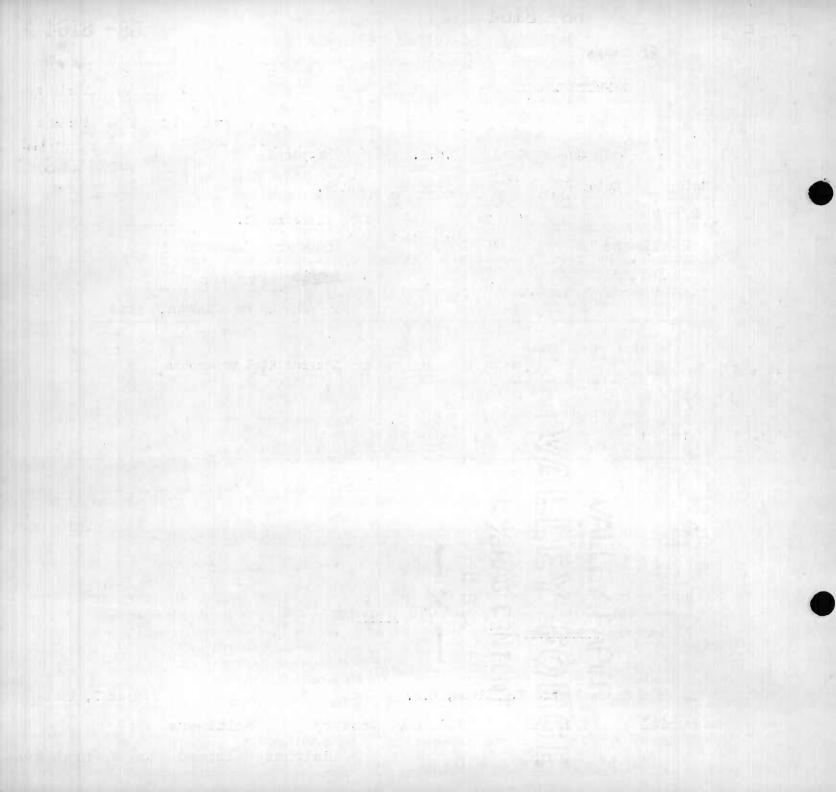


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68- 8164 BALTIMORE CITY HEALTH DEPARTMENT

68- 8164

BIRTH NO. 68	10440	MEDIC	CAL E	XAMINER'S	CERTIFIC	CATE OF	DEATH	REG. NO	D	0104 /
1. NAME OF DEC		-			2. DATE	Known 🙀	Month	Doy	Yeor	Hour
(Type or Print)	KENNETH LAWSON			OF DEATH	Estimoted	8	7	68	10:10 am.	
4. PLACE IN BAL	TIMORE, MARY	LAND, WH	ERE PRON		3. DATE	INICED DEAD	Month	Doy	Yeor	Hour
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN ADDRESS	OR LOCATIO	OR INSTITUT ON)	ION, GIVE STREET	5. USUAL RE	SIDENCE (When				10:10 a M. before odmission)
Marie Control	Luthera	n Hoge	sita1	D O A	A. STATE	lows I and	E	. COUNTY	0.00	~ ~
6. SEX	7. RACE			D.O.A.  NEVER MARRIED	C. CITY OR	aryland TOWN		D. NSIDE	CITY LIMITS?	Andrews No.
Molo	Coloma		VIDOWED		D -14 -				arc 🗆	us []
Male 9. DATE OF BIRT	Colore	AGE (In y	eors If U	nder 1 Yr. If Under 24 Hrs.	E. STREET A	ND NUMBER		- SERVICE OF THE PERSON OF THE	PES	NO L
6/6/68		ost birthdoy)	2	ths Doys Hours Min.	1838 P	resshan	St.			
11. BIRTHPLACE (S				CITIZEN OF	13. FATHER		T			
	more Md		10	O A		eodore	Lawso	n		
done during mpstofp	PATION (Give kin Parking life, even	nd of work 141 If retired)	KIND OF	BUSINESS OR INDUSTR		3.0	erkins			
16. WAS DECEAS				17. SOCIAL SECURITY NO.	18. INFORM				ADDRESS	
(res, no or onknown)	(II yes, give wor	or doles of	service)	SECORITY NO.	Mr	Theodo	ore La	vson,	same	
19. 11	u.X.			CAUSE OF DEA	TH	100				PPROXIMATE INTERVAL
(This does n heart failure injury or con DISEASES ( RISE TO THI UNDERLYII)	E OR CONDITION  LEADING TO D  of meen the me , osthenio, etc. It nplication which o  NTECEDENT CA  OR CONDITION  E ABOVE CAUSE  NG CONDITION	EATH  ode of dying meons the di coused de oth  USES  NS, IF ANY, CE (A) STATIN	seose,	(B)	CAUSE In		al pneu	nonia		
O TO THE DEA	II HIFICANT CONDI ATH BUT NOT RE CONDITION GI	LATED TO TH	E TERMINAL		geographydgodgogogo gyr elli elli-nini apirapir ann ago dap blil elli-nab d			n dar dar sam sam directivi disebili disebili disebili disebili disebili disebili disebili disebili disebili d		************************
DISEASE OR 200A. DATE OF	OPERATION	20B. COND	ITION FOR	WHICH OPERATION W	AS PERFORM	ED			21. AUTO	YES
UNDERLYING	NAL CAUSE WAS OR CONTRI	IB-	22B. hom	PLACE OF INJURY (e.g., e, form, foctory, street, office	in or obout 2 e bldg., etc.)	2C. WHERE DID NJURY OCCUR?	(If in Boltimore	City, give e	exoct locotion)	
22D. TIME OF INJURY (APPROX.)					WHILE VORK	2F. HOW DID IN	NJURY OCCU	R?		
	ER'S Type)  MATION, 24B	Pro Couse	uiry D	Inspection Au	de Ho ASSIS		Undetermin EXAMINER EXAMINER	ed monner		
25A. DATE REC'D  AL  VS 151-REV. 1/1/68	JG 12 19		O. A	E OF REGISTRAR		ineral direction		ead 1	ADDRESS 206 W	North Av



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a hospital and

PAGE IN BALTIMORI, MARTIAND, WHERE PROPOUNCED DEAD  I. PLACE IN BALTIMORI, MARTIAND, WHERE PROPOUNCED DEAD  IN HACE IN HA		BALTIMORE CITY	HEALTH DEPARTMENT		60_ 6	2105
NAME OF DECEASED    DATE AND HOUR OF DEATH	BIRTH NO. 68-8	165 CERTIFICA	TE OF DEATH	REG. NO	00-	2703
THUL HAME OF ADDRESS OIL DCATION INSTITUTION, GIVE STREET AND RUMBER ADDRESS OIL DCATION INSTITUTION, GIVE ADDRESS OIL CONDITION IS ADDRESS OIL CONDITION IN COLUMN ADDRESS OIL CONDITION IS ADDRESS OIL CONDITION IS ADDRESS OIL CONDITION IS ADDRESS OIL CONDITION IN COLUMN ADDRESS OIL CONDITION IN COLUMN ADDRESS OIL	1. NAME OF DECEASED Baylor,	Toslina		July T	16x1	650 pm.
ADDRESS ON LOCATION)  CITY OF DOWN  CITY OF DISTANCE  CITY OF DOWN  CITY OF DOWN  CITY OF DISTANCE  CITY OF DOWN  CITY OF DOWN  CITY OF DOWN  CITY OF DOWN  CITY OF DISTANCE  COUNTY  CO	3. PLACE IN BALTIMORE, MARYLAND, WHERE P	RONOUNCED DEAD		e decosed lived. If in	stitution; residenc	e before odnyssion)
SEX   S. RACE   N. WIDOWED   DIVORCE   D. DATE OF BIRTH   S. AGE (B. years of Windshi) Coys   Marked   N. LEXINGT TON SY.   If Under 24. Hrs. Windshi) Coys   Marked   N. LEXINGT TON SY.   If Under 24. Hrs. Windshi) Coys   Marked   N. LEXINGT TON SY.   If Under 24. Hrs. Windshi) Coys   Marked   N. LEXINGT TON SY.   If Under 24. Hrs. Windshi) Coys   Marked   N. LEXINGT TON SY.   If Under 24. Hrs. Windshi) Coys   Marked   N. LEXINGT TON SY.   If Under 24. Hrs. Windshi) Coys   Marked   N. LEXINGT TON SY.   If Under 24. Hrs. Windshi) Coys   Marked   N. LEXINGT TON SY.   If Under 24. Hrs. Windshi) Coys   Marked   N. LEXINGT TON SY.   If Under 24. Hrs. Windshi) Coys   Marked   N. LEXINGT TON SY.   If Under 24. Hrs. Windshi) Coys   Marked   N. LEXINGT TON SY.   Marked   N. LEXINGT TO	HOSPITAL OR ADDRESS OR LOCATION)		c. CITY OR TOWN	LAND D. INSI	DE TO LIMITES	-01
SEX   S. RACE   NEVER MARRIED   NEVER MARRIED   D. DATE OF JRITH   19. ADE (19. YEST)   NEVER MARRIED   DIVORCED   DIVORC	2/ PRANKIN SON	ARZ JASA	15/01/11/1	OKE	YES _	NO 🗌
MOUNTED DIVORCED   Got britished   Got british	20000000 200	with the same of t	E. STREET AND NUMBER	W. LEXII	NGTEN	157-
3. FATHER'S NAME  S. WAS DECREAGE fave in U. S. Amod Force?  S. WAS DECREAGE fave in U. S. Amod Force in U. S. Experiment fave in U. S. Amod Force in U. S. Experiment fave in U. S. Amod Force in U. S. Amo	1/1 //			9. AGE (In years lost birthdoy)	If Under 1 Yr. Months Doys	If Under 24 Hrs. Hours Min.
S. WIS DECESSED FOR CONDITION DIRECTLY  LEADING TO DEATH  (This does not mean the mode of dying, e.g., hoof failure, asthemia, etc. II means the disease, injury or camplication which coused does hoold failure, asthemia, etc. II means the disease, injury or camplication which coused does hold the bobbe cause (A) stoling the UNDERLYING CONDITION last.  (A) MAMEDIAIR CAUSE  DISEASE OR CONDITIONS, if any, giving nise to the observe cause (A) stoling the UNDERLYING CONDITION last.  (B) DUE TO, OR AS A CONSEQUENCE OF:  (C)	10A. USUAL OCCUPATION (Give kind of work 10B, KII done during most of working life, even if retired)	ND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or lore)	gn country)		- 44
Tes, give wor or dates of service)  Yes W 2  24-12-5579  WW 22  24-12-5579  WW 32  24-12-5579  WW 32  CAUSE OF DEATH  DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  (A) MAMEDIATE CAUSE  DISEASE OR CONDITION, if any, giving rise to the obove cause (A) stoling the UNDERLYING CONDITION of the Cause (A) stoling the UNDERLYING CONDITION Is.  OHER SIGNIFICANT CONDITION IS.  OHER SIGNIFICANT CONDITION S CONTRIBUTING ID INFORMATION WAS PERFORMED  OF CONTRIBUTING CONDITION IS.  ON CONTRIBUTING CONDITION S CONTRIBUTING ID INFORMATION WAS PERFORMED  OR CONTRIBUTING CONDITION S CONTRIBUTING ID INFORMATION WAS PERFORMED  OR CONTRIBUTING CAUSE OF INJURY (r.g., in or obout   21C, WHERE DID   10 m Boltimore City, give exact location) home, form, for which   21E, NIJURY OCCUR?  OR CONTRIBUTING (Month) (Doy) (Year) (Hourd   21E, INJURY OCCUR?  OR CONTRIBUTING (Month) (Doy) (Year) (Hourd   21E, INJURY OCCUR?  OR CONTRIBUTING (Month) (Doy) (Year) (Hourd   21E, INJURY OCCUR?  OR CONTRIBUTING (Month) (Doy) (Year) (Hourd   21E, INJURY OCCUR?  OR CONTRIBUTING (Month) (Doy) (Year) (Hourd   21E, INJURY OCCUR?  OR CONTRIBUTING (Month) (Doy) (Year) (Hourd   21E, INJURY OCCUR?  OR CONTRIBUTING (Month) (Doy) (Year) (Hourd   21E, INJURY OCCUR?  OR CONTRIBUTING (Month) (Doy) (Year) (Hourd   21E, INJURY OCCUR?  OR CONTRIBUTING (Month) (Doy) (Year) (Hourd   21E, INJURY OCCUR?  OR CONTRIBUTING (Month) (Doy) (Year) (Hourd   21E, INJURY OCCUR?  OR CONTRIBUTING (Month) (Doy) (Year) (Hourd   21E, INJURY OCCUR?  OR CONTRIBUTING (Month) (Doy) (Year) (Hourd   21E, INJURY OCCUR?  OR CONTRIBUTING (Month) (Doy) (Year) (Hourd   21E, INJURY OCCUR?  OR CONTRIBUTING (Month) (Doy) (Year) (Hourd   21E, INJURY OCCUR?  OR CONTRIBUTING (Month) (Doy) (Year) (Hourd   21E, INJURY OCCUR?  OR CONTRIBUTING (Month) (Doy) (Year) (Hourd   21E, INJURY OCCUR?  OR CONTRIBUTING (Month) (Doy) (Year) (Hourd   21E, INJURY OCCUR?  OR CONTRIBUTING (Month) (Doy) (Year) (Hourd   21E, INJURY OCCUR?  OR CONTRIBUTING (Month) (Doy) (Year) (Hourd   21E, INJURY OCCUR?  OR CONTRIBUTING (M	13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	ME	1	
Tes, pot our whoewall lift yes, give wor or dates of service)  YES W 2  24-12-5579  WW 2  24-12-5579  WW 32  CAUSE OF DEATH  DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  (A) IMMEDIATE CAUSE  DISEASE OR CONDITION, if made of dying, e.g., heard folicute, ashenia, etc. II means the disease, injury or complication which coused death, injury or complication which coused death of the package of the obave cause (A) sloting the UNDERLYING CONDITION, if any, giving rise to the obave cause (A) sloting the UNDERLYING CONDITION lost.  OHER SIGNIFICANT CONDITION CONTRIBUTING TO THE TERMINAL DISEASE OF CONDITION WAS PERFORMED  OHER SIGNIFICANT CAUSE OF INJURY (e.g., in or obave) 21C, WHERE DID to CERTIFFING CAUSE OF DEATH?  OF CONTRIBUTING CAUSE OF CONDITION WAS PERFORMED  OF CONTRIBUTING (Month) (Doy) (Year) (Hourd Death of the package of the course	V. BAYLOR		SIOKA	TACKYON		
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not meen the mode of dying, e.g., heen follow, ashlemia, etc. II meens the disease, injury or complication which coused debth, and the couse stored above. (I) (Wa) (did) (did not) view the bady after death.  23A, SIONATURE  23C, Physicians NAME (Type County)  23B, DATE SIONED  24C, NAME of CREMATION, 24B, DATE  24C, NAME of CREMETRY  24D, LOCATION  (City, town, or county)  (Stote)  But 1a1  24D, LOCATION  (City, town, or county)  (Stote)  Cause of the Cause of CREMATION  (City, town, or county)  (Stote)  Cause of the Cause of CREMATION  (City, town, or county)  (Stote)  Cause of the Cause of CREMATION  (City, town, or county)  (Stote)  Cause of the Cause of CREMATION  (City, town, or county)  (Stote)  Cause of the Cause of CREMATION  (City, town, or county)  (Stote)  Cause of the Cause of CREMATION  (City, town, or county)  (Stote)  Cause of the Cause of CREMATION  (City, town,	15. Was Deceosed Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of se	vice) 1 6. SOCIAL SECURITY NO.	17. INFORMANT	11 ab 111	ADDI	RESS
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not meen the made of dying, e.g., heart follow, astheria, etc., Il means the disease, injury or complication which coused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving rise to the obave cause (A) stoling the UNDERTING CONDITION lost.  (E)  OF THE STAND FOR WHICH OPERATION  TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION WAS STEPPORMED FOR WHICH OPERATION  OR CONTRIBUTING CAUSE OF DEATH TO OPERATION  OR CONTRIBUTING CAUSE OF TO OPERA	Yes W W 2	224-12-5579	WILLIAM PBY	UR 44	11 CRAN	STON BYE
LEADING TO DEATH  (This does not leven the made of dying, e.g., hooft boliuse, asthemia, etc. Il means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION lost.  NO OF THE SIGNIFICANT CONDITION SCONTRIBUTING TO THE TERMINAL DISEASE OR CONTRIBUTING CONT	18.4/221	CAUSE OF DEATH	1			
Complete the made of dying, o.g., hoot follow, ashenia, etc. It means the disease, injury or complication which coused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving isso to the obove cause (A) stating the UNDERLYING CONDITION last.    Other Stonier Cause (A) stating the UNDERLYING CONDITION Sont Control of the DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION (IVEN IN PART LOCK)    Other Stonier Cause (A) stating the UNDERLYING CONDITION Sont Condition (IVEN IN PART LOCK)    Other Stonier Cause (A) stating the UNDERLYING CONDITION Sont Condition (IVEN IN PART LOCK)    Other Stonier Cause (A) stating the UNDERLYING CONDITION Sont Condition (IVEN IN PART LOCK)    Other Stonier Cause (A) stating the UNDERLYING CONDITION Sont Condition (IVEN IN PART LOCK)    Other Stonier Cause (A) stating the Underly Cause			Concente	Le Hear	TAI	
AND DISEASES OR CONDITIONS, if any, giving rise to the obove cause (A) stoling the UNDERLYING CONDITIONS, if any, giving rise to the obove cause (A) stoling the UNDERLYING CONDITION last.  OTHER SIGNIFICANI CONDITION S CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION FOR WHICH OPERATION  20 A. AUTOPSY? (Tes or No.)  21 A. ACCIDENT WAS UNDERLYING WAS PERFORMED  WAS PERFORMED  22 A. AUTOPSY? (Tes or No.)  23 A. AUTOPSY? (Tes or No.)  24 A. ACCIDENT WAS UNDERLYING home, form, foctory, sireet, office bidge, involved the control of the performed causes of DEATH in Control of the Control of Co	(This does not meen the made of dying,	e.g., DUE TO OR AS		m / ew	Janes	n
DISEASES OR CONDITIONS, if any, giving iso to the obave cause (A) staling the UNDERLYING CONDITION tast.  OTHER SIGNIFICANT CONDITION 1 ast.  OTHER SIGNIFICANT CONDITION TO RELATED 10 THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  UNDEAD TO THE DEATH BUT NOT RELATED 10 THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  OR CONTRIBUTING CAUSE OF DEATH (IN CERTIFITING CAUSES OF DEATH?  OR CONTRIBUTING CAUSE OF DEATH (IN CERTIFITING CAUSES OF DEATH?)  OR CONTRIBUTING CAUSE OF DEATH (IN CHAPTER)  OR CONTRIBUTING CAUSE OF DEATH (IN CHAPTER)  OR CONTRIBUTING (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED While AI Not White AI Not White AI Not White AI Not White AI ON Ond that in (my) (aur) apinion death occurred an the date and hour and from the causes stated abave. (I) (We) (did) (did not) view the bady after death.  22.1 certify that (I) (this haspital) attended the deceased from AI OF AI ON ON THE COURT OF THE COURT			1-1			, 0
No other significant condition last.    Other significant conditions contributing to the terminal distance of the previous constitution of the determinal distance of the previous constitution of the determinant	ANTECEDENT CAUSES	W AND	uhrame a	nmulmi	enlas	Derseon
UNDERLYING CONDITION last.  (C)		giving	A CONSEQUENCE OF:			Ø
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A. DATE OF OPERATION 19A						
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A. DATE OF OPERATION 19A	-443X II	MEMILL DIST	- OIL -			
Spandage or Condition Given in Part   (a).	O OTHER SIGNIFICANT CONDITIONS CONTRIBU					
21A. ACCIDENT WAS UNDERLYING   CAUSE OF   CONTRIBUTING   COUNTRIBUTING   CAUSE OF   CONTRIBUTING   CAUSE OF   CONTRIBUTION   COUNTRIBUTION   COUNTRIBUTION	▼ DISEASE OR CONDITION GIVEN IN PART 1 (A).		20 A. AUTOPSY? (Yes or No	) 20B. IF YES. WERE	FINDINGS CONS	SIDERED
21A. ACCIDENT WAS UNDERLYING   CAUSE OF   Contributing   Cause of	WAS PERFORMED			IN CERTIFYING CA	USES OF DEATH	1?
OF INJURY (APPROX.)  While At   Not While   Not While   Not While   Not While   Not While   Not Work   Not Wor	OR CONTRIBUTING CAUSE OF	home, form, foctory, street, of	or obout 21 C. WHERE DID INJURY OCCUR?	(II in Boltimor	e City, give exoct	locotion)
22. I certify that (1) (this haspital) ottended the deceased from 19 19 10 10 10 10 10 10 10 10 10 10 10 10 10	21D. TIME (Month) (Doy) (Year) (Hour	21 E. INJURY OCCURRED	21 F. HOW DID INJ	URY OCCUR?		
22. I certify that (I) (this haspital) ottended the deceased from Aug. 19 60 to Aug. 19 that (I) (we) last saw the deceased alive on Aug. 19 60 and that in (my) (aur) apinion death occurred an the date and hour and from the causes stated abave. (I) (We) (did) (did nar) view the bady after death.  23A. SIGNATURE  23B. DATE SIGNED  Ameding Med. Staff Phys. 23B. DATE SIGNED  Phys. 23D. ADDRESS  NAME (Type)  AMEDICAL DICKED WWW PRANKLIN AUG. 5 top.  24A. BURIAL CREMATION, 24B. DATE  24C. NAME of CEMETERY of CREMATORY  Burial 8/13/68 National Cemetry  Baltimore Md	(APPROX.)		· 🗆 .			
that (I) (we) last saw the deceased alive on My. 1. Sand that in (my) (aur) apinion death occurred an the date and hour and fram the causes stated abave. (I) (We) (did) (did nat) view the bady after death.  23A. SIGNATURE  23C. PHYSICIAN'S NAME (Type)  Which was provided by the provide	22. I certify that (1) (this haspital) often		Aug I	19 68 to 1	July. 7	19
and hour and fram the causes stated abave. (I) (We) (did) (did nat) view the bady after death.  23A. SIGNATURE  23A. SIGNATURE  23C. PHYSICIAN'S  NAME (Type)  Phys.  23C. PHYSICIAN'S  NAME (Type)  Phys.  24C. NAME of CEMETERY of CREMATORY  Burial  8/13/68  National Cemetry  Phys. 23B. DATE SIGNED  Add Director Phys. 23B. DATE SIGNED  Phys. 24D. Location  (City, town, or county)  (Stote)  Baltimore  Md		/h / /72	0 (16)		nion death occ	urred an the date
23A. SIGNATURE  Cucular Local Companies  23C. PHYSICIAN'S NAME (Type)  44A. BURIAL CREMATION, 24B. DATE  24C. NAME of CEMETERY of CREMATORY  Burial  8/13/68  National Cemetry  23B. DATE SIGNED  Amed. Director Phys. Director Director Phys. Director Director Phys. Director Dire	and hour and fram the causes stated abo	ave. (I) (We) (did) (did nat) v				6
23C. PHYSICIAN'S NAME (Type)  4A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY  Burial 8/13/68 National Cemetry Baltimore Md		) / 0		/	238. DATE SIGN	NED/ /
23C. PHYSICIAN'S NAME (Type) HOULDIN KUDN WWW PRANKLIN GUIRE Way, or county)  4A. BURIAL CREMATION, REMOVAL (Specify)  Burial 8/13/68 National Cemetry Baltimore Md	Chulden	Dhu		Staff Phys.	Aug	17.168
Burial 8/13/68 National Cemetry Baltimore Md  240. Name of CEMETERY of CREMATORY  Burial 8/13/68 National Cemetry Baltimore Md	23C. PHYSICIANS NAME (Type) HOULDUK	won mun	PRANKL	IN AUD	RE H	ap.
Burial 8/13/68 National Cemetry Baltimore Md					· · · · · · · · · · · · · · · · · · ·	(Stote)
	Burial 8/13/68	National C	emetry B	altimore	Md	
Adolphus Halstead 1206 W North A	2SA. DATE REC'A BY HEALTH DEPT. 25B. N.	AME OF REGISTRAR	2SC. FUNERAL DIRECTOR	11-1-+3	1 206 W AL	North A

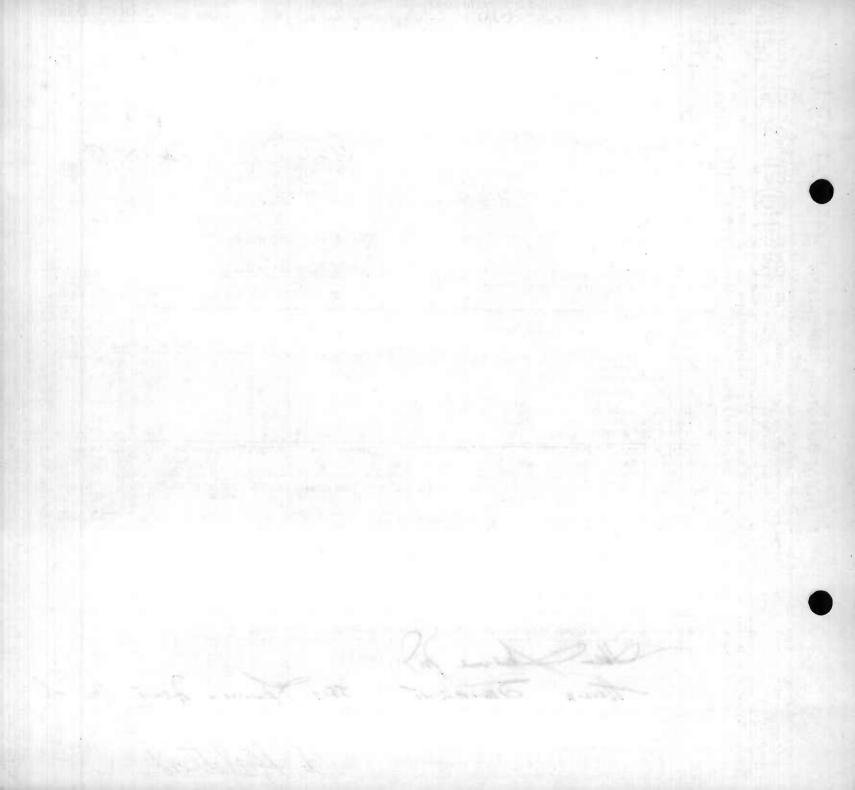
Adolphus Halstead 1206 W

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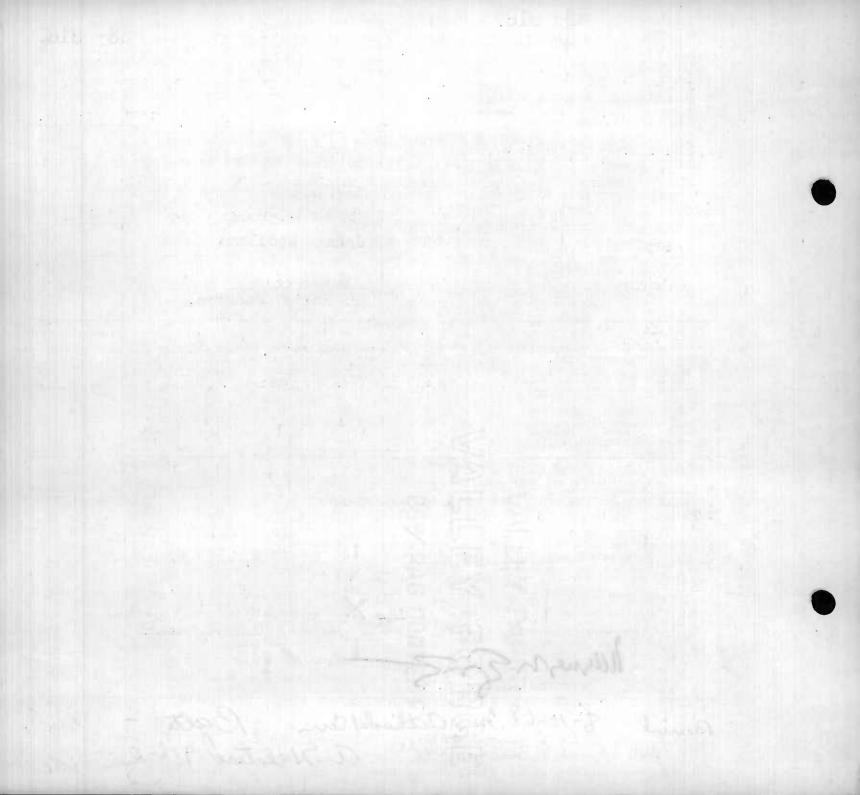


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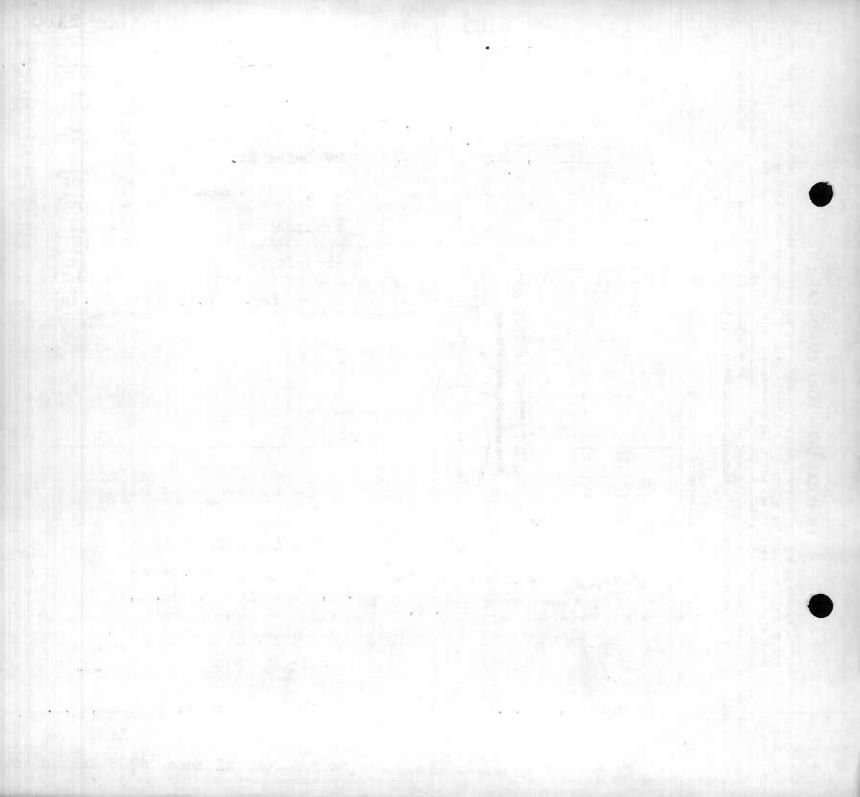
68- 8167 BALTIMORE CITY HEALTH DEPARTMENT

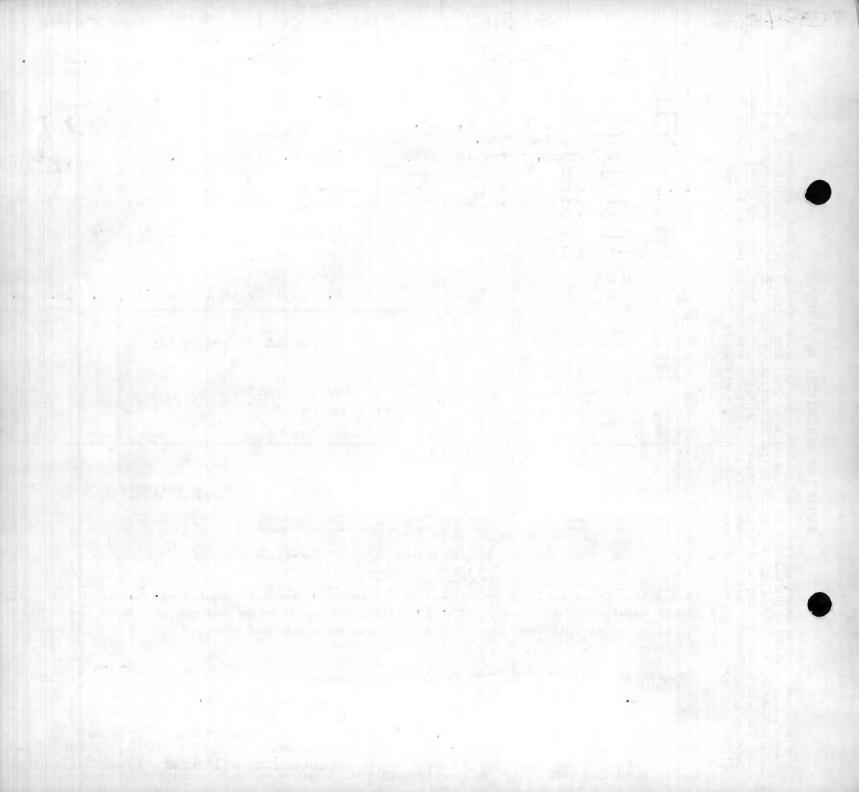
MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG NO 68- 8167

BIRTH NO.	KEG. 140	
1. NAME OF DECEASED	2. DATE Known Month Day	Year Haur
(Type JEROME WOODLAND	DEATH Estimoted XX August 1, 19	068 UNK M.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy	Year Haur
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION	PRONOUNCED DEAD August 5, 196  5. USUAL RESIDENCE (Where deceased lived. If Institution: res	17/1-
72300 blk. Pennsylvania Avenue	A. STATE Maryland B. COUNTY	idence before damission)
6. SEX 7. RACE 8. MARRIED NEVER MARRIED		MAITS?
male negro widowed Divorced	Baltimore YES[	X NO L
9. DATE OF BIRTH 10. AGE (In years of Under 1 Yr, If Under 24 Hrs. Months, Days, Haurs, Min. 33	E. STREET AND NUMBER 1908 Pennsylvania Avenue	
Maryland  11. BIRTHPLACE (State or foreign country)  Maryland  12. CITIZEN OF WHAT SPUNKY?	John Woodland	
14A.USUAL OCCUPATION (Give kind of work 148. KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired)		
Laborer  16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL	Margaret	FSS
(Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	"Mrs"Rosie Jackson,	
19. CAUSE OF DEA	тн	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY Advanced	d Decomposition. No Cause of	
LEADING TO DEATH (A)IMMEDIATE C	CAUSE	· consequences
(This does not meon the mode of dying, e.g., heort follure, osthenio, etc. It means the diseose, injury or complication which caused death.)  Death De	as a consequence of: etermined at Autopsy.	
ANYECEDENICALISES		
	AS A CONSEQUENCE OF:	
RISE TO THE ABOVE CAUSE (A) STATING THE		
(V)		
OF THE SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).		
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	AS PERFORMED 21	. AUTOPSY? (Yes or No)
5 2		Yes
SUNDERLYING OR CONTRIB- home, larm, foctory, street, office	in ar obaut 22C. WHERE DID (If in 8altimare City, give exact lose bldg., etc.)	
UTING CAUSE OF DEATH.  22D. TIME (Month) (Day) (Year) (Hour) 22E.INJURY OCCURRED	22F. HOW DID INJURY OCCUR?	
OF INJURY WHILE AT NOT	WHILE OVORK	
23.	topsy Ond that on this bosis, death in my opi	
		nion
resulted from: Natural couses Accident Suicid	de Homicide Undetermined manner XX  CHIEF MEDICAL EXAMINER	
ACTUAL MANAGE CO	ASSISTANT MEDICAL EVAMINED [X]	DATE SIGNED
SIGNATURE MANAGEMENT M.D.	ASSOCIATE MEDICAL EXAMINER	8/6/68
NAME (Type) Werner U. Spitz, M.D.		
REMOVAL (Specify) B-10-68 New Cathe	or CREMATORY 24D. LOCATION (City, town, or	county) (State)
25A. DATE REGIO RX HEALTH DEPT. 25B. NAME OF RIGISTIAN AND STATE OF THE STATE OF TH	25C. FUNERAL DIRECTOR ADDRESS 9/8-1	ress mid Hell a
		- Jan W



(Type or Print)	EASED		2. DATE AND HOUR OF D	EATH
	Pearl Broo	ks	8-7-68	8:30 p.
3. PLACE IN BAL  FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPITAD ADDRESS OR LOCA	AL OR INSTITUTION, GIVE STREET (TION)  Hospital, Inc.	A. STATE B. COUNTY Maryland C. CITY OR TOWN Baltimore E. STREET AND NUMBER	If institution: residence before admission of the state o
	Baltimore	, Maryland 21217	527 Brice St.	
Female	6. RACE Negro	7- MARRIED NEVER MARRIED WIDOWED DIVORCED	Nov 3, 1911 9. AGE (In year	s If Under 1 Yr. If Under 24 F Months Doys Hours Min.
	JPATION (Give kind of work working life, even if retired)	108, KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Maryland	USA
3. FATHER'S NA	ME		14. MOTHER'S MAIDEN NAME	
Henry	Williams		Rose Stream	
5. Was Deceased Yes, no or unknown	Ever in U. S. Armed Ford	s #5 service) 16. SOCIAL SECURITY NO. 214-03-185	Tr. INFORMANT  5 Helen Huges 1805	Ensor St.
	OR CONDITIONS, if a obove couse (A) GONDITION last.	Soting the &	A CONSEQUENCE OF:	
UNDERLYING  P 93/ OTHER SIGNIF	obove couse (A) CONDITION last.  CANT CONDITIONS COLUMN TO THE BUT NOT RELATED TO THE ONDITION ON THE ONDITION ON THE ONDITION GIVEN IN PAR	MIRIBULING HE TERMINAL DITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No)  20B. IF YES,	WERE FINDINGS CONSIDERED IG CAUSES OF DEATH?
UNDERLYING  NOTHER SIGNIF  TO THE DEAT  DISEASE OF C  19 A. DATE OF  OR CONTRIBUTION  OR CONTRIBUTION  DEATH (notify	obove couse (A) CONDITION last.  ICANT CONDITIONS COINT ON TO TELLATED TO THE OND THE NEW YEAR OPERATION 198. CON	NTRIBUTING HE TERMINAL TI (A).  DITION FOR WHICH OPERATION ORMED  218. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)	20A. AUTOPSY? (Yes or No) 20B. IF YES, IN CERTIFYIN IN CERTIFYIN (If in B ffice bldg., INJURY OCCUR?	oltimore City, give exact location)
UNDERLYING  OTHER SIGNIF TO THE DEAT DISEASE OR CO 179 A. DATE OF  21 A. ACCIDE OR CONTRIBUTION DEATH (notify)	ODERATION 198.  OPERATION 198.  OPERATION 198. CON WAS PERFORM WAS UNDERLYING TO CAUSE OF medicol exominer)	MIRIBULING HE TERMINAL TO I (A).	20A. AUTOPSY? (Yes or No) NO IN CERTIFYIN In or obout 21C. WHERE DID Iffice bidg., INJURY OCCUR?  FISH LINEN 21F. HOW DID INJURY OCCUR?  COLLAPS ED  AT	ioltimore City, give exoct location)  2565 (ENNA. AV
UNDERLYING  NOTHER SIGNIF TO THE DEAT DISEASE OF CO 19 A. DATE OF 21 A. ACCIDE OR CONTRIBUTE OF INJURY (APPROX.)  22. I certify that (I) (we)	obove couse (A) CONDITION last.  ICANT CONDITIONS COI H BUT NOT RELATED TO TH ONDITION GIVEN IN PAR OPERATION 198. CON WAS PERF  NT WAS UNDERLYING UTING CAUSE OF medicol exominer)  (Manth) (Day) (Year)  That (I) (this haspital last saw the decease	NTRIBUTING HE TERMINAL HOW HICH OPERATION  218. PLACE OF INJURY (e.g., in the second strength of the second st	20A. AUTOPSY? (Yes or No) NO IN CERTIFYIN In or obout 21C. WHERE DID Iffice bidg., INJURY OCCUR?  FISH LINEN CO 21F. HOW DID INJURY OCCUR?  COLLAPS & AT  US. 7, 1968 19 ta A  19 and that In(my) (au	IG CAUSES OF DEATH?  Soltimore City, give exoct location)  2565 (ENNA. AV  WORK / B  148. 7, 1968 19
UNDERLYING  NOTHER SIGNIF TO THE DEATH DISEASE OR CO 179.A. DATE OF  21.A. ACCIDE OR CONTRIBL OR CONTRIBL OR FOR INJURY (APPROX.)  22. I certify that (I) (we) and haur and 23.A. SIGNATU	CONDITION last.  CANT CONDITIONS COLUMN AS PERFORM TWAS UNDERLYING CAUSE OF medicol exominer)  CManth) (Day) (Yeor)  CAUSE OF medicol exominer)  CManth) (Day) (Yeor)  That (I) (this haspital last saw the deceased from the causes states.	NIRIBULING HE TERMINAL TI (A).  DITION FOR WHICH OPERATION FORMED  218. PLACE OF INJURY (e.g., independent of the control of t	20A. AUTOPSY? (Yes or No) 20B. IF YES, IN CERTIFYIN IN CERTIFYIN (If in B) (	IG CAUSES OF DEATH?  Soltimore City, give exoct location)  2565 (ENNA. AV  WORK / B  148. 7, 1968 19
UNDERLYING  NOTHER SIGNIF TO THE DEAT DISEASE OR CO 19 A. DATE OF 21 A. ACCIDE OR CONTRIBL DEATH (notify  21 D. TIME OF INJURY (APPROX.)  22. I certify that (I) (we) and haur and 23A. SIGNATU	e obove couse (A) G CONDITION last.  ILLICANT CONDITIONS COI H BUT NOT RELATED TO TI ONDITION GIVEN IN PAR OPERATION 179B. CON WAS PERF OT WAS UNDERLYING UTING CAUSE OF medicol exominer)  (Manth) (Day) (Yeor)  -7 - 6 8  that (I) (this haspital last saw the decease from the causes state (RE ON'S ype)  Muhussy	NIRIBULING HE TERMINAL TI (A).  DITION FOR WHICH OPERATION FORMED  218. PLACE OF INJURY (e.g., independent of the control of t	20A. AUTOPSY? (Yes or No) 20B. IF YES, IN CERTIFYIN In or obout 21C. WHERE DID Iffice bidg., INJURY OCCUR?  F(SH LINEN CO 21F. HOW DID INJURY OCCUR?  Le COLLAPS ED AT  US. 7, 1968 19 to A 8 19 and that In(my) (au view the bady after death.  23D. ADDRESS  1514 Division Street	ioltimore City, give exoct location)  2565 (ENNA. Av  Work  Lug. 7, 1968 19  197) apinian death accurred an the accurred an the accurred and t





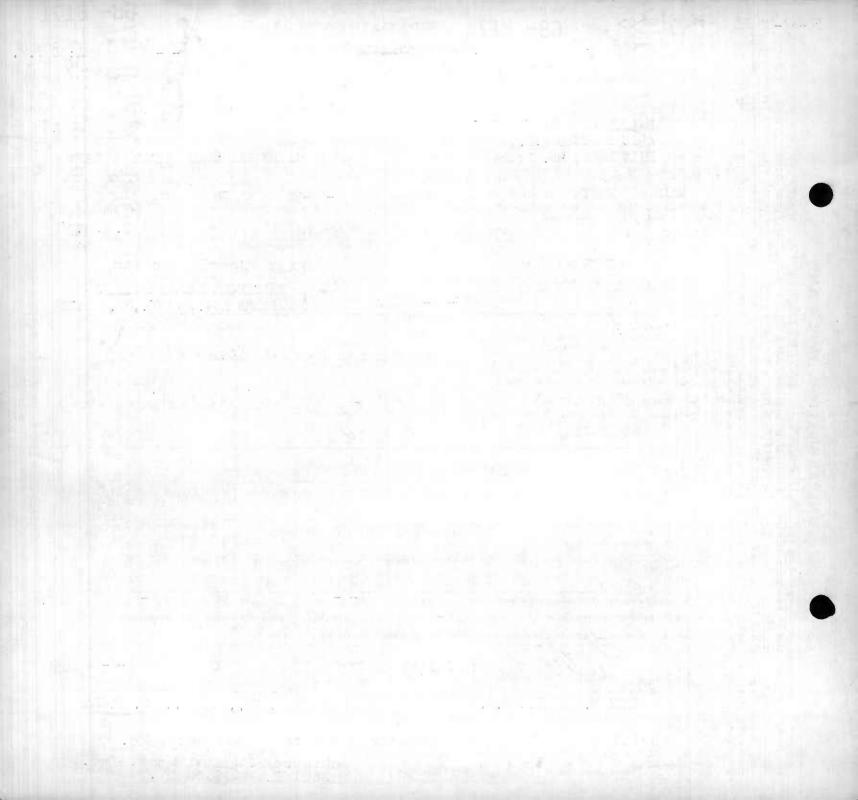
	00 0	BALTIMORE CITY	HEALTH DEPARTMENT		68- 8170
	68-8	L/U CERTIFICA	TE OF DEATH	REG. NO	00- 01/0
	RTH NO.	CERTITICA	TE OF BEATTI	N	
	NAME OF DECEASED	CILLAS	) 11.	HOUR OF DEATH	1540 10
	MARIE H.	CIHLA	- 9th.	Aug 68	10200 HLZW
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRO	DNOUNCED DEAD	A. STATE 8. COUNTY	eceosed lived. If ins	titution: residence before admission)
FL	JLL NAME OF (IF NOT IN HOSPITAL OR IN	STITUTION, GIVE STREET	Md.	Balta	1 (n 53.00
H	OSPITAL OR ADDRESS OR LOCATION)	251	C. CITY OR TOWN	D. INSID	DE CITY LIMITS?
10	mary land General Ho	spital	Baltinure		YES X NO
105	0 11.		E. STREET AND NUMBER	. 0	
	Baltimore 1,		5727 ACI	I ham Ke	gad ARNHEM Rd
5.	SEX 6. RACE 7. MARI	RIED NEVER MARRIED	B. DATE OF BIRTH 9.	AGE (In years birthday)	If Under 1 Yr., If Under 24 Hrs. Manths: Days Hours Min.
	- emale lan casoid wido		11/01/30	37 45.	
	A. USUAL OCCUPATION (Give kind of work 10 B. KIN	estinghouse	11 BIRTHPLACE (State or foreign	country)	12. CITIZEN OF WHAT COUNTRY?
	ecretary was with	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	Baltimore	M.a.	United States.
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
	Emil Vovel.		Marie Na	uyakı	5
15.	Wos Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT	7	ADDRESS
111	No	212-28-8100	Carl Ciblar	huchand	above
-	18. 4 9 1 9	CAUSE OF DEAT	Carl Cihlar,	nusbanu,	APPROXIMATE INTERVAL
	0/1.1	CAUSE OF BEAT	^	Α.	BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		Vocalination	Spiles	
	(This does not mean the made of dying,	e.g., DUE TO OR AS	A CONSEQUENCE OF:	acci wite	
	heart failure, asthenia, etc. It means the disc injury ar complication which coused death.)	ase,	TONSEASTINET OF		
		AL. 1		100	
	ANTECEDENT CAUSES	(B) HYCUCH	asis and asci	res	
	DISEASES OR CONDITIONS, if any, gi	viii 9	A CONSEQUENCE OF:	C A	
	UNDERLYING CONDITION lost.	(c) Mass	we cirrhoses or	t Liver	
	581,0 II				
Z	9 0	NG			
ATIO	TO THE DEATH BUT NOT RELATED TO THE TERMIT DISEASE OR CONDITION GIVEN IN PART 1 (A).	NAL			
		OR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	OB. IF YES, WERE F	INDINGS CONSIDERED
ERTIFIC	WAS PERFORMED			N CERIFIING CAU	
Ü	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	218. PLACE OF INJURY (e.g., inhome, form, factory, street, of	fice bldg., INJURY OCCUR?	(If in Boltimore	: City, give exoct lacotion)
S AL	DEATH (natify medical examiner)	etc.)			
0	21D. TIME (Month) (Doy) (Year) (Hour)	21E, INJURY OCCURRED	21F. HOW DID INJUR	OCCUR?	
×	(APPROX.)	While At Not Whil			
1	(APPROX)	Work L At Work			
	22. I certify that (I) (this hospital) attend	ed the deceased from	19	to	19
	that (I) (we) lost sow the deceased alive	on,	19ond that	in (my) (our) opin	nion death occurred on the date
	and hour and from the couses stated above	e. (1) (We) (did) (did not) v	lew the body ofter deoth.		
-	23A. SIGNATURE	Λ			23B. DATE SIGNED
	Dillo C Homes	\file \partial Dhote	nding Med. Sto	H. X	21916R
	23C. PHYSICIAN'S	GEGREE	23D. ADDRESS		01100
					•
	NAME (Type)				
	Delfa C Gom	ez, MD OEGREE			
24	Delfa C Gom	C. NAME OF CEMETERY OF CRE	EMATORY 24D. LOC	ATION (Cit	y, town, or county) (State)
24	NAME (Type) Delfa C Gem  A. BURIAL CREMATION 124B. DATE			ation (City)  1timore,	
	A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)  Burial 8/12/68  A. DATE REC'D BY HEALTH DEEL 25B. NA	C. NAME of CEMETERY of CRI Holy Redeemer	Cemetery Ba	ltimore,	Md.
	A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)  Burial 8/12/68  A. DATE REC'D BY HEALTH DEEL 25B. NA	C. NAME of CEMETERY of CRI Holy Redeemer	Cemetery Ba	ltimore,	Md.

A Strang at 11 01 30 37 ga Formely law assert test rate be to men of wer Washingto Harrison Marie Nadydas 1570V 1 m3 mark in 18-20 commented the manager Made to work of Long. Dille c. Horney the

NO Z

Hours

If Under 24 Hrs. Hours Min.



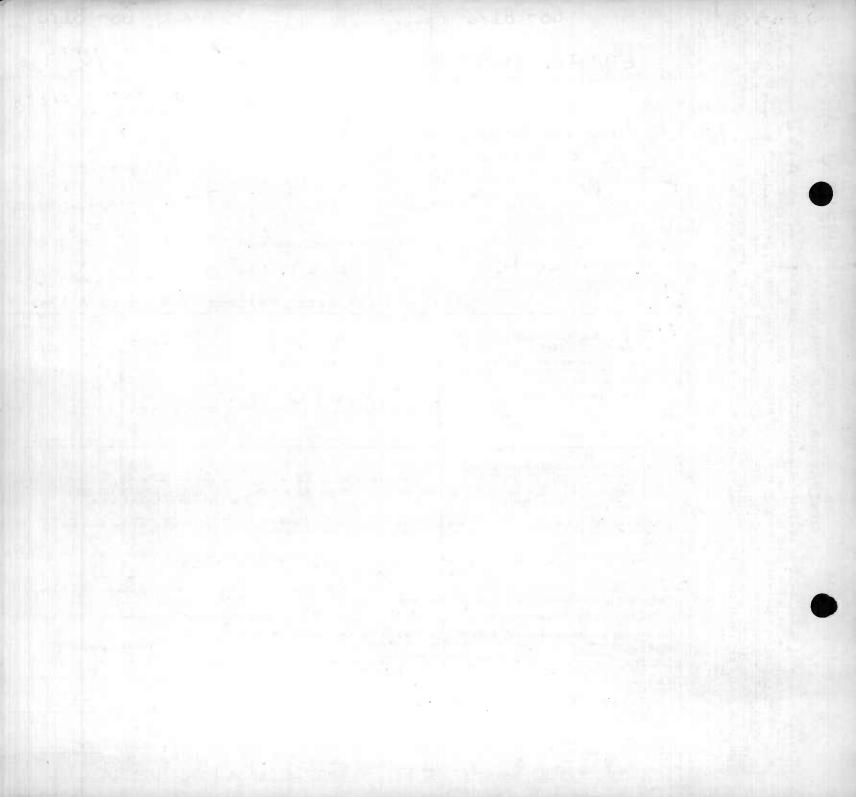
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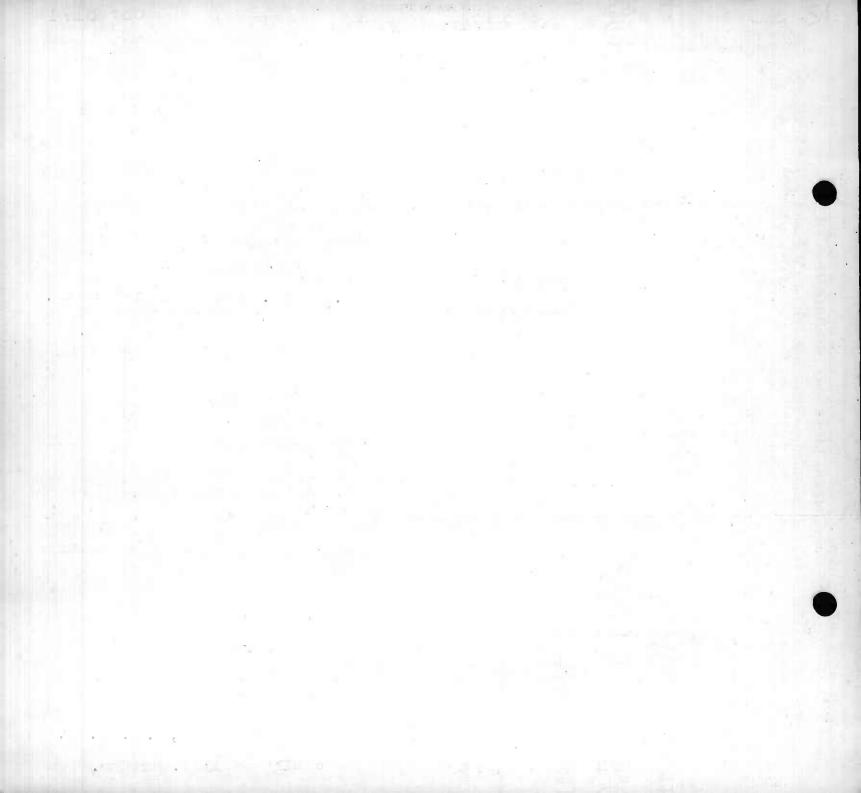
MHART MONTHS

The same of the same of the same

22 4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission)
A. STATE
B. COUNTY D. INSIDE CITY LIMITS? YES X NO If Under 1 Yr. Manths: Days If Under 24 Hrs. Haurs 12, CITIZEN OF WHAT COUNTRY? ADDRESS 3042 Second Ave. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact tacation) and that in (my) (out) opinion death occurred on the date 23B, DATE SIGNED shows: (1) /68 Meadow Ridge Cemetery Baltimore, Maryland 255, NAME OF REGISTRAR ROBERT C. Altenburg Funeral Home, Inc. Was 70 6009 Harford Road VS 150-REV. 1/1/6B



	00 (	BALTIMORE CITY	HEALTH DEPARTMENT		68- 8174
	68- 8	8174 CERTIFICA	TE OF DEATH	REG. NO	00 01/4
RTH NO.				AND HOUR OF DEAT	Н
Type or Print) Anth	hony Ricci		8/	7/68	112
PLACE IN BALTIMORE	MARYLAND, WHERE PRO	NOUNCED DEAD	4. USUAL RESIDENCE WILL A. STATE B. COL		institution: residence before admission
ULL NAME OF (IF I	NOT IN HOSPITAL OR IN	STITUTION. GIVE STREET	md.		
OSPITAL OR AD	DRESS OR LOCATION)	orre order	C. CITY OR TOWN	D. fN	ISU E CUY LIMITS
	sity Hosp	401	BA/6.	9	YES NO
30 Univer	3114 1103/	1177	E. STREET AND NUMBER	1 1 01	
			1137 C/eu	cland st.	
SEX 6. RACE	7. MARR	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs Months: Doys Hours Min.
mu	WIDOV	VED DIVORCED	11/25/00	67	
		O OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF WHAT COUNTR
one during most of working lif	1	W3	Italy		U.S.
Cook- refiree		Food	14. MOTHER'S MAIDEN N	A A 4 E	
	0. 1		14. MOTHER'S MAIDEN N	AME	
Michael			Isabe	1 Unknown	
es, no or unknown) (If yes,	U. S. Armed Forces?	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
No		214-03-5453	Mrs. Edith M.	Ricci 11	37 Cleveland St.
18.410,9		CAUSE OF DEAT	1		APPROXIMATE INTERVAL
UNDERLYING COND  #20, / OTHER SIGNIFICANT CO	II  ONDITIONS CONTRIBUTI OT RELATED TO THE TERMIN	(c)			
	ION 198. CONDITION F	OR WHICH OPERATION	20A. AUTOPSY? (Yes or	No) 20B. IF YES, WER	E FINDINGS CONSIDERED
19A. DATE OF OPERAT	WAS PERFORMED		1/155	IN CERTIFYING	CAUSES OF DEATH?
21A. ACCIDENT WAS OR CONTRIBUTING DEATH (notify medical	CAUSE OF	21B. PLACE OF INJURY (e.g., i home, form, foctory, street, of etc.)	n or obout 21C. WHERE DID	(If in Boltin	ore City, give exoct location)
21D.TIME (Month)	(Doy) (Year) (Hour)	21E, INJURY OCCURRED	21F. HOW DID II	NJURY OCCUR?	
(APPROX.)		While At Not While Work At Work			
22. I certify that (4)	(this hospital) attend	ed the deceased fram	8/7	19 68 to 6	1968
that (1) (well lost so	w the deceased olive	on 8/2	19 CV and		pinion deoth occurred on the do
		* '			primon down occurred on the de
23A. SIGNATURE	ne couses stored opov	e. (I) (We) (did) (did not) v	lew the body offer deoff	1.	23 B. DATE SIGNED
	1	Atte	nding Med.	Staff	EUR DATE STOTED
oaly,	There hate	DEGREE Phy	s. Director	Phys.	
NAME (Type)	ARY MARC	LA thin Mi	University	Hospital	
4A. BURIAL CREMATION,	, 24B. DATE 24	C. NAME of CEMETERY OF CR	MATORY 24D.	LOCATION	(City, town, or county) (Stote)
REMOVAL (Specify) Burial	8 10 68	Glen Haven		Hen Burnie.	A. A. Co. Md.
5A. DATE REC'D BY HEA		ME OF REGISTRAR	25C. FUNERAL DIRECT		ADDRESS
Alig	1 2 1968 00	FS Fallina	Mc Cully	1	Fort. Ave.



20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If In Boltimare City, give exact location) and that in (my) (our) opinion death accurred on the date 23 B. DATE SIGNED (City, town, ar county) Cook-Brooks, Inc. Balto., Md. 21202 VS 150-REV. 1/1/6B

NO

Haurs !

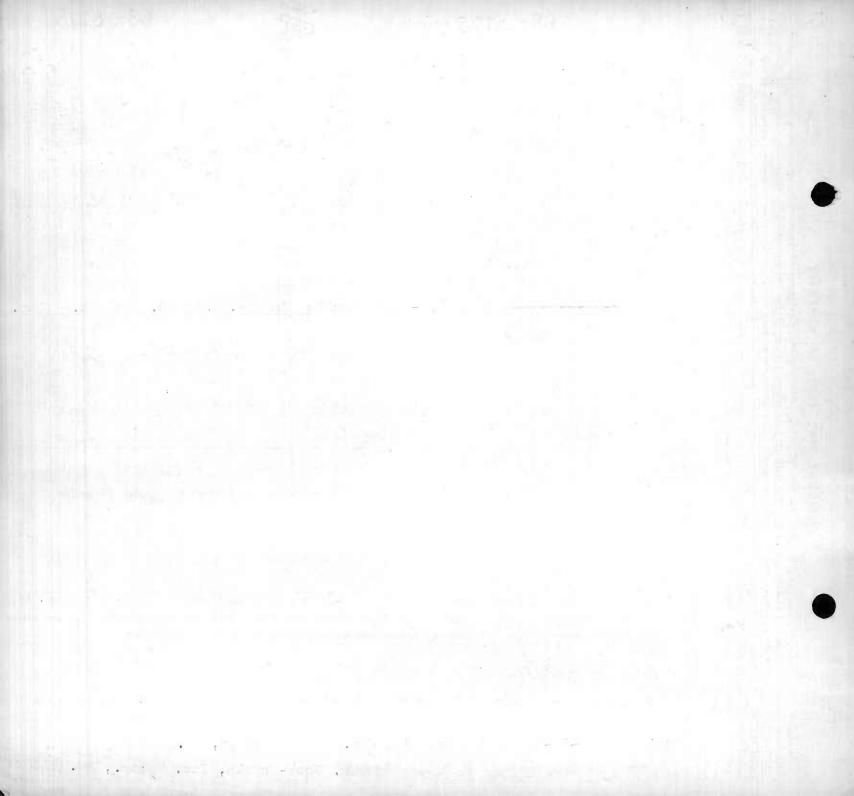
APPROXIMATE INTERVAL

BETWEEN ONSET AND DEATH

U.S. A

ADDRESS

If Under 24 Hrs.



R-163

## 68- 8176 BALTIMORE CITY HEALTH DEPARTMENT

68-8
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BIR	TH NO.							KEG, IN	NO	
	NAME OF DEC	JOHN W.	ROBE	RTS	2. DATE OF DEATH	Known Estimoted	Month 8	Doy 8	1968	5:05A M.
4.	PLACE IN BAL	TIMORE, MARYLAND, W	HERE PR	ONOUNCED DEAD	3. DATE		Month	Doy	Yeor	Hour
HO	L NAME OF SPITAL INSTITUTION	(IF NOT IN HOSPITA ADDRESS OR LOCA		ITUTION, GIVE STREET		INCED DEAD  SIDENCE (Where	August			5:05 A.
	00	1828 St. Pau	Str	eet	A. STATE	Maryland		COUNT		Derote odinisatori)
6.	SEX	7. RACE	B. MARRI	ED NEVER MARRIED	C. CITY OR	TOWN		D. NSIDI	CITY LIMITS?	31
	Male	White	WIDOW	ED DIVORCED		Baltimore			YES X	NO 🗆
9. 1	DATE OF BIRT	lost birthdo		If Under 1 Yr. If Under 24 Hrs. Months   Doys   Hours   Min.	E. STREET A	ND NUMBER	David Ca			
	3-22-19	01 67		677751105		1828 St.	Paul St	reet		
11.	Easton	tote or foreign country)		WHAT COUNTRY?	13. FATHER	n Roberts				
1.40		•	AB KIND	OF BUSINESS OR INDUSTRY				-		
		orking life, even if retired)		inting		ugusta Ei				
14	WAS DECENS	ED EVER IN U.S. ARMED			IB. INFORM				ADDRESS	
	, no or unknown	(If yes, give wor or dotes					Box 27	/4	ADDRESS	
	Yes	WW I		220-03-5577	Donal	d Roberts	5 From	at Ro	yal, Va	a. 22630
	19. 4.	2.4		CAUSE OF DEAT	TH				Al	PPROXIMATE INTERVAL
	DISEAS	E OR CONDITION DIREC	CTLY	Arter	ioscler	otic card	iovascu	ılar		TEN ONSE, AND DEATH
		LEADING TO DEATH		(A)IMMEDIATE C	AUSE					
	heort foilure	ot meon the mode of dy osthenio, etc. It meons the oplication which caused dea	diseose,		S A CONSEQ	UENCE OF:				10 की रहम्म्य क्रा है है है की स्त्र का भी पत्र के पत्र का प्रोचन क्रांत्रिकों के पत्र को भी भी है है ।
	44	NTECEDENT CAUSES		(2)						
	DISEASES O	OR CONDITIONS, IF ANY E ABOVE CAUSE (A) STATE OF CONDITION LAST.		DUE TO, OR	AS A CONSE	QUENCE OF:				
Z	OT TO EXET!			(C)		****				
CERTIFICATION	TO THE DEA	IFICANT CONDITIONS CO	THE TERMI			July 19		4		
E		CONDITION GIVEN IN PA						40440004004		
1	20A. DATE OF	OPERATION 208. CON	NOITION	FOR WHICH OPERATION WA	S PERFORM	ED			21. AUTO	OPSY? (Yes or No)
	0									No
DICAL	UNDERLYING	NAL CAUSE WAS		22B. PLACE OF INJURY(e.g., home, form, foctory, street, office	in or obout 2 bldg., etc.) II	2C. WHERE DID (	If in Boltimore	City, give	e exoct location)	
MEDI	22D. TIME	Month) (Doy) (Yeor	) (Hour	) 22E.INJURY OCCURRED	2	2F. HOW DID IN	JURY OCCU	R?		
Г	OF INJURY (APPROX.)	(100)			WHILE -					
	23.									
	I cert	ify that I held on I	nquiry L	Inspection X Au	topsy	and that on th	nis basis, d	leath in	my apinian	
	resul	red from: Natural cau	ses X	Accident Suicid			Undetermin	ed mann	er 🗌	
	ACTUAL	Chas	1,	1		CHIEF MEDICAL E STANT MEDICAL E		<u> </u>		DATE SIGNED
	SIGNATI	ER'S Charles	S. S	pringate, M.D.		CIATE MEDICAL E			Augus	t 8, 1968
	A. BURIAL CRE	MATION, 24B. DATE		24C. NAME of CEMETERY	or CREMATO	DRY 24D.	LOCATION	(City,	town, or county	(Stote)
RE	MOVAL (Speci Burial	8-10-	1068	Mandaymid	Man	Dowle	Dorse	v. Mo	1.	
2.5		BY HEALTH DEPT.		Meadowridge		Park		110	ADDRESS	
23		SUG 12 1968	Re	ut E. Farberma				Inc.		, Md. 2120
VS	151-REV. 1/1/6E									

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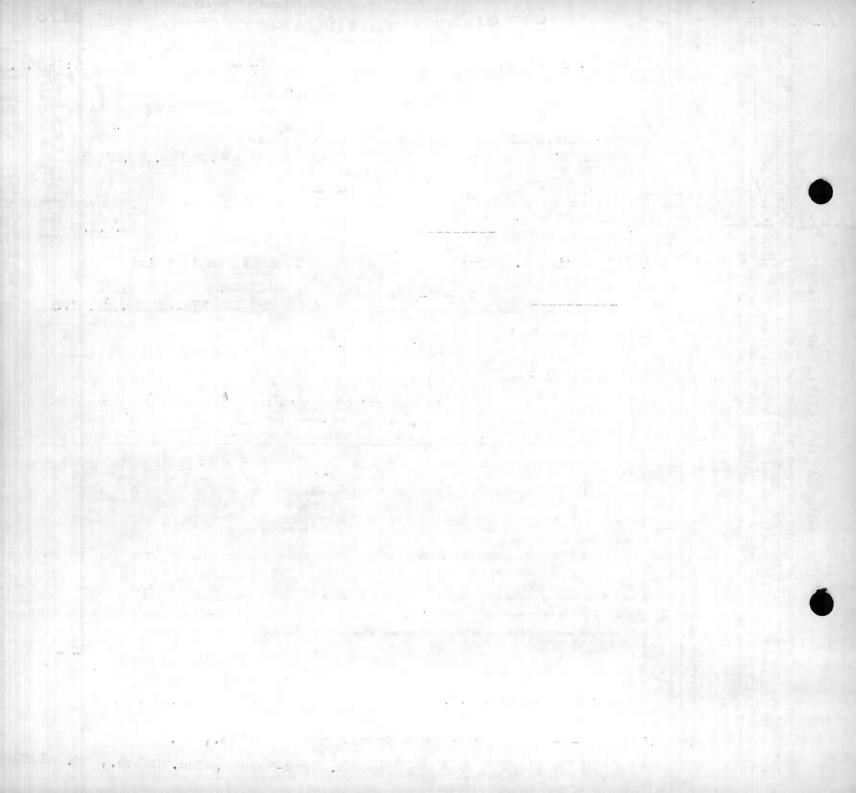
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A AND X

BALTIMORE CITY HEALTH DEPARTMENT

88- 8178

WHITE  PATION (GIVE bind of work 108, KIND OF BUSINESS OR INDUSTRY 1. BIRTHPLACE (Stote or loreign country)  TRAIDNIGH BIRTH ACE (Stote or loreign country)  TRIDIANA  L. S. A  1. MOTHER: MAIDEN NAME  WINDSONN Annie Smith  RECORDS: BALT IMORE CITY HOS PITALS  CAUSE OF DEATH  E OR CONDITION DIRECTLY  LEADING TO DEATH  Is mean the mode of dying, e.g., obtaining the country with caused death.)  INTECEDENT CAUSES  R CONDITION is only, giving above cause (A) stoking the country in the country of the return of the retu	6. RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	Months Doys Hours Min.
INDIANA  U.S.A.  14. MOTHER'S MAIDEN NAME  WITH DANIEL B. SAYPE  15. SOCIAL (17. INFORMANT ANNIE CITY HOSPITALS (18. SOCIAL (1					76	
TINDIANA  U.S.A.  14. MOTHER'S MAIDEN NAME  15. SOCIAL  17. INFORMANT  RECORDS: BALTIMORE CITY HOSPITA ADDRESS  (If yes, give were or doles of service)  13. SOCIAL  13. SOCIAL  13. SOCIAL  14. MOTHER'S MAIDEN NAME  FOR CONDITION DIRECTLY  LEADING TO DEATH  LEADING TO DEATH  LEADING TO DEATH  LI means the disease, plicolion which coused death,  NITECEDENT CAUSES  RECONDITION S. If only, giving above cause (A) stoling the CONDITION GIVEN IN PART 1 (A)  CAN'I CONDITION S. CONTRIBUTING  A BUT NOTECTED TO THE TERMINAL INDITION GIVEN IN PART 1 (A)  CONDITION		10B. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLA CE (Stote	or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Ever in U. S. Armed Forces?  If yes, give were or does of service   10. SOCIAL PROPERTY   10. SOCIAL PROPERTY				INDIANA		U.S.A.
EVER IN U. S. Armed Forces?  Iff yes, give word or doles of service   13 CCUPY 30004   17. INFORMANT RECORDS: BALTIMORE CITY HOSPITALS  CAUSE OF DEATH  E OR CONDITION DIRECTLY  ELEADING TO DEATH  In mean the mode of dying, e.g., both the course death, only giving dove course (A) stoling the CONDITION if ony, giving dove course (A) stoling the CONDITION lost.  CANTECONDITION IS CONTRIBUTING   CONDITION IN TECTED TO THE TERMINAL OPERATION WAS PERFORMED   218. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, forter, seet, office bidg., INJURY OCCUP?  IT WAS UNDERLYING   218. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, forter, seet, office bidg., INJURY OCCUP?  IT WAS UNDERLYING   218. PLACE OF INJURY occup, seet, office bidg., INJURY OCCUP?  IT WAS UNDERLYING   218. PLACE OF INJURY occup, in or obout 21C. WHERE DID home, form, forter, seet, office bidg., INJURY OCCUP?  IT WAS UNDERLYING   218. PLACE OF INJURY occup, in or obout 21C. WHERE DID home, form, forter, seet, office bidg., INJURY OCCUP?  IT WAS UNDERLYING   218. PLACE OF INJURY occup, seet, office bidg., INJURY OCCUP?  IT WAS UNDERLYING   218. PLACE OF INJURY occup, in or obout 21C. WHERE DID home, form, forter, seet, office bidg., INJURY OCCUP?  IT WAS UNDERLYING   218. PLACE OF INJURY occup, in or obout 21C. WHERE DID home, form, forter, seet, office bidg., INJURY OCCUP?  IT WAS UNDERLYING   218. PLACE OF INJURY occup, in or obout 21C. WHERE DID home, form, forter, seet, office bidg., INJURY OCCUP?  IT WAS UNDERLYING   218. PLACE OF INJURY occup, in or obout 21C. WHERE DID home, form, forter, seet, office bidg., INJURY OCCUP?  IT WAS UNDERLYING   218. PLACE OF INJURY occup, in or obout 21C. WHERE DID home, form, forter, seet, office bidg., INJURY OCCUP?  IT WAS UNDERLYING   218. PLACE OF INJURY occup, in or obout 21C. WHERE DID home, form, forter, seet, office bidg., INJURY OCCUP?  IT WAS UNDERLY OF AN ACONSECURATION   218. PLACE OF INJURY occup, in or obout 21C. WHERE DID home, form, forter, in or obout 21C. WHERE DID hom	NE NE			14. MOTHER'S MAIDE	EN NAME	
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CAUSE OF DEATH  E OR CONDITION DIRECTLY LEADING TO DEATH  In means the made of dying, e.g., collaborate in the disease, plicellon which coused death.)  INTECEDENT CAUSES  R CONDITIONS, if ony, giving above cause (A) sloting the (C).  CANICONDITION IS.  If WAS UNDERLYING  THAN DISCONDITION FOR WHICH OPERATION  WAS PERFORMED  IT WAS UNDERLYING  THAN CAUSE OF INJURY (e.g., in or about 27C. WHERE DID  IT WAS UNDERLYING  THAN CAUSE OF INJURY (e.g., in or about 27C. WHERE DID  IT WAS UNDERLYING  While AL INJURY OCCUR?  While AL INJURY	Ever in U. S. Armed For	ces? s of service)		17. INFORMANT	LTTMORE CITY H	OS PTTATS
CAUSE OF DEATH  EROCHOLITON DIRECTLY LEADING TO DEATH  In mean the mode of dying, e.g., ostalending and the course deshibit coursed deshibit c		- 4-0-4	130-07-3004			
E OR CONDITION DIRECTLY LEADING TO DEATH  of meon the mode of dying, e.g., costhenic, etc. II means the disease, plication which coused death.)  INTECEDENT CAUSES  R CONDITIONS, if ony, giving above cause (A) stoling the cONDITION for cause (A) stoling the condition of the ferminal power of the coused death.  (C) CALADATIC CONDITION S. CONTRIBUTING 1- BUT MAS DUBTERYING   1- BUT WAS UNDERLYING   1- BUT WAS UNDE	1 9 1/		CAUSE OF DEAT		PUDITUM MAIN	APPROXIMATE INTERVAL
DUE TO, OR AS A CONSEQUENCE OF:  Solhenie, etc. II means the disease, plication which coused death.)  INTECEDENT CAUSES  R CONDITIONS, if ony, giving above cause (A) stoling the CONDITION lost.  R CONDITION of the cause (B) DUE TO, OR AS A CONSEQUENCE OF:  OUT ON THE CONDITION CONTRIBUTING CONDITION FOR WHICH OPERATION  PERATION 198. CONDITION FOR WHICH OPERATION  208. AUTOPSY? (Yes or No.) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFING CAUSES OF DEATH?  IT WAS UNDERLYING CONDITION FOR WHICH OPERATION  218. PLACE OF INJURY (e.g., in or about 21C. WHERE DID in CERTIFING CAUSES OF DEATH?)  IT WAS UNDERLYING CONDITION FOR WHICH OPERATION  218. PLACE OF INJURY (e.g., in or about 21C. WHERE DID in CERTIFING CAUSES OF DEATH?)  IT WAS UNDERLYING CONDITION FOR WHICH OPERATION  218. PLACE OF INJURY (e.g., in or about 21C. WHERE DID in CERTIFING CAUSES OF DEATH?)  IT WAS UNDERLYING CONDITION FOR WHICH OPERATION  218. PLACE OF INJURY (e.g., in or about 21C. WHERE DID in CERTIFING CITY, give exact location)  WAS PEROFERMED  218. PLACE OF INJURY (e.g., in or about 21C. WHERE DID in CERTIFING CITY, give exact location)  WAS PEROFERMED  218. PLACE OF INJURY (e.g., in or about 21C. WHERE DID in CERTIFING CITY, give exact location)  WAS PEROFERMED  218. PLACE OF INJURY (e.g., in or about 21C. WHERE DID in CERTIFING CITY, give exact location)  WAS PEROFERMED  218. PLACE OF INJURY (e.g., in or about 21C. WHERE DID in CERTIFING CITY, give exact location)  WAS PEROFERMED  218. PLACE OF INJURY (e.g., in or about 21C. WHERE DID in CERTIFING CITY, give exact location)  WAS UNDERLYING CITY of the ERMINAL CITY HOSPITALS  AND ADDRESS BALITIMORE CITY HOSPITALS  220. ADDRESS BALITIMORE CITY HOSPITALS  230. ADDRESS BALITIMORE CITY HOSPITALS  230. ADDRESS BALITIMORE CITY HOSPITALS  230. ADDRESS BALITIMORE CITY HOSPITALS  240. DOCARDOR CITY HOSPITALS  240. DOCARDOR CITY HOSPITALS  240. DOCARDOR CITY HOSPITALS  240. LOCATION (City, town, or county)  240. LOCATION (City, town, or county)  240. LOCATION (City, town, or county)  240. LOCATION		RECTLY	(ANIMMEDIATE CAI	ISE Resoura	You Anest	BETWEEN ONSET AND DEATH
BOUETY OR AS A CONSEQUENCE OF CONDITIONS, if only, giving above cause (A) stoting the CONDITION lost.  II  CANT CONDITIONS CONTRIBUTING 1-BUT NOT RELATED TO THE TERMINAL DISTRICT TO THE TERMINAL D	oslhenio, etc. II means	the diseose,	DUE TO, OR AS	A CONSEQUENCE OF:		
above cause (A) stoling the CONDITION tost.  (C) CALADAR CONDITION Sci.  (C) CALADAR C	NTECEDENT CAUSES		in Manga 1	maine & V	siocelerotii	
BUT NOT RELATED TO THE TERMINAL DIDDITION GIVEN IN PART 1 (A).   OPERATION   198. CONDITION FOR WHICH OPERATION   20A. AUTOPSY? (Yes or No)   20B. IF YES, WERE FINDINGS CONSIDERED   1N CERTIFYING CAUSES OF DEATH?   21B. PLACE OF INJURY (e.g., in or obout)   21C. WHERE DID   (If in Boltimore City, give exoct location)   11 WAS UNDERLYING   home, form, foctory, street, office bidg.   INJURY OCCUR?   11 W.   11 W.   12 W.   12 W.   12 W.   12 W.   13 W.   14 W.   14 W.   14 W.   15 W.   15 W.   15 W.   16 W.   16 W.   16 W.   16 W.   17 W.   16 W.   17 W.   17 W.   18 W.   18 W.   19 W.   18 W.   19	above cause (A)		(c) Character (c)		as Disease in Syndron	
CAUSE OF medical examiner   home, farm, foctory, street, office bldg., INJURY OCCUR?	H BUT NOT RELATED TO TO DIDNOITION GIVEN IN PAR OPERATION 198. CON	HE TERMINAL T 1 (A).	VHICH OPERATION		S OF NO. 208, IF YES, WERE IN CERTIFYING C.	FINDINGS CONSIDERED AUSES OF DEATH?
while Al	TING CAUSE OF	hom	e, farm, foctory, street, a	in or obout 21 C. WHERE ffice bldg., INJURY OCC	DID (If in Boltime	ore City, give exoct location)
that (B) (this haspital) attended the deceased fram    19	(Month) (Day) (Yeor)	(Hour) 21E.	INJURY OCCURRED	21 F. HOW D	ID INJURY OCCUR?	
I ast saw the deceased alive an					61 0	1
Attending Med. Stoff Phys.  Attending Med. Director Phys.  DEGREE Phys.  23D. ADDRESS BALTIMORE CITY HOSPITALS  LEONARD FEINGOLD, M.D.  MATION, 24B. DATE  24C. NAME of CEMETERY OF CREMATORY  DEGREE Phys.  23D. ADDRESS BALTIMORE CITY HOSPITALS  4940 EASTERN AVE., BALTO., MD. 21224  MATION, 24B. DATE  24C. NAME of CEMETERY OF CREMATORY  NO.  8-9-1968 Greenmount Crematory  Balto., Md.  BY HEALTH DEPT.  25B. NAME OF REGISTRAR  25C. FUNERAL DIRECTOR  WM. COOK-Brooks, Inc. Balto., Md.  21	that <b>(</b> this haspital	l) attended th	ne deceased/fram	10/24	1966 to 0	1968.
Attending Med. Staff Sta	last saw the decease	ed alive an	8/7	19 68	and that In (m) (aur) ap	inian death accurred an the date
Attending Med. Staff Sta	from the causes stat	ted abave. T	(We) (did) ( <del>did not</del> )	view the bady after d	death.	
Attending   Med. Director   Stoff   St	RE /	7				23 B. DATE SIGNED A
LEONARD FEINGOLD, M.D.  DEGREE  4940 EASTERN AVE., BALTO., MD. 21224  MATION. 24B. DATE 24C.NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county)  On 8-9-1968 Greenmount Crematory Balto., Md.  BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS  AUG 12 1268 O. 12 2 3 4 4 4 4 6 6 7 8 8 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	nant Ver	nas C	Al Dhy	ending Med. ps. Director		8/7/68
IEONARD FEINGOLD, M.D.  DEGREE 4940 EASTERN AVE., BALTO., MD. 21224  MATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county)  On 8-9-1968 Greenmount Crematory Balto., Md.  BY HEALTH DEFT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS  AUG 12 1268 O. L. E. Md. 21				23D. ADDRESS BALT	IMORE CITY HOS	PITALS
On 8-9-1968 Greenmount Crematory Balto., Md.  BY HEALTH DEPT. 2SB. NAME OF REGISTRAR 2SC. FUNERAL DIRECTOR ADDRESS Wm. Cook-Brooks, Inc. Balto., Md. 21		INGOLD,	M.D. DEGREE	4940 EASTER		MD. 21224
AUG 12 1968 P. D. B. E. GOOK-Brooks, Inc. Balto., Md. 21		24C. N	AME of CEMETERY OF CR	EMATORY		City, town, or county) (Stote)
AUG 12 1968 O. L. & Jallyna Wm. Cook-Brooks, Inc. Balto., Md. 21		68 Gr	eenmount Cre	ematory		ADDRESS
	9110 4 0		A 2 The A. M.	wm. Cook-	Brooks, Inc.	

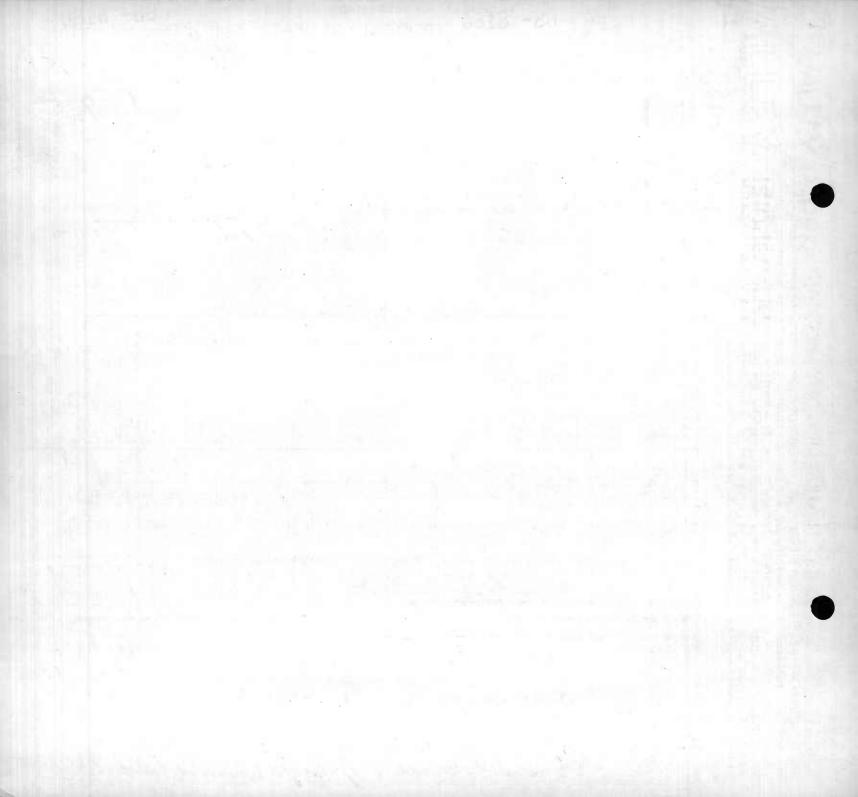


\	2-7		BALTIMORE CITY HEA	ALTH DEPARTMENT
V-	2505	RIP	RTH NO. 68- 8179 CERTIFICATE	OF DEATH REG. NO. 68-8179
	f death eceased on the h. Such	1. N (Typ	NAME OF DECEASED  (Pe or Print)  (Ullian W. Vaughn	2, DATE AND HOUR OF DEATH  2 - 7 - 68  USUAL RESIDENCE (Where deceased lived, If institution; residence before admission)
	ng cause of (cause; (5) Deccause; to death.		JLL NAME OF OSPITAL OR INSTITUTION, GIVE STREET OSPITAL OR ADDRESS OR LOCATION)	STATE  B. COUNTY  O A SIDE CITY LIMITS  STREET AND NUMBER  NO   O STATE  O A SIDE CITY LIMITS  YES  NO  O O O O O O O O O O O O O O O O O
	P - 0 - 6	Ľ	Union Memorial Hospital	4313 Lasalle Ave
	occurribu ontribu ermine regula eased is mad	0	Nale White WIDOWED DIVORCED	ATE OF BIRTH  9. AGE (In years lost birthday)  17 - 88  9. AGE (In years Months)  9. AGE (In years Months)  9. AGE (In years Months)  16 Under 1 Yr. If Under 24 Hrs. Months  Min.
	or co ndete s in r dece		A. USUAL OCCUPATION (Give kind of work) 10B. KIND OF BUSINESS OR INDUSTRY 11.  ne during most of working life, even if relired)	Virginia America
	rect (4) U (4) U the ispos	13.		MOTHER'S MANDE NAME
Z	itant e dire ind; (4 eath e on al dis	15.1		Da Krown ADDRESS
ZTA	ssistant the di kind; death ince on final di	(Yes	ss,no or unknown) (If yes, give wor or dotes of service)  SECURITY NO.  577-18-1879	Hospital Records
AL DIRECTOR: IMPORTAN	edical examiner or his a dical examiner. Also, if urns; (3) A fracture of any ysician who pronounced was in regular attendo	ATION	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if eny, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.  (C)  OTHER SIGNIPICANT CONDITIONS CONTRIBUTING	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  STORCHO PREMIONIA  ONSEQUENCE OF:  CS 1  ONSEQUENCE OF:
FUNERA	chief m g a me Body b the ph ysician e the re	RTIFIC	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
3	y the ital by e; (2) /here No ph befor	1	OR CONTRIBUTING CAUSE OF home, form, foctory, street, office	obdit 21 C. WHERE DID (If in Boltimore City, give exect location)
	atur pt w (6)		21D. TIME (Month) (Doy) (Yeor) (Hour) 21E, INJURY OCCURRED OF INJURY (APPROX.) While At Work	21F. HOW DID INJURY OCCUR?
	of any of any al (ex th); an		22. I certify those(1) (this haspital) attended the deceased from that (1) (we) last saw the deceased alive on ond hour and from the causes stated above. (1) (We) (did) (did not) view	19 68 and that in (my) (our) opinion death occurred on the date
	mus ceide ceide ceide a ho to d		Attending Phys.	9 Mod. Director Phys. 23B. DATE SIGNED
	was r An a A at a prior	L	NAMERTYPSTEPHEN GOLDBERGER	611-0 Steele 20. 21209
	ertifody S: (1) D.O. Ised	244	Burial Specify)  8-10-1968  A. BURIAL CREMATION, REMOVAL (Specify)  8-10-1968  Glen Haven Mem. 1	Park Glen Burnie, Md.
4	This certhe booss shows: was D. deceas		AUG 12 1968 Robert E, Farkyria	Wm. Cook-Brooks, Inc. Balto., Md. 21202
		VS	150-REV. 1/1/6B	

som + loci 4313 Lagalle Ave Pa PP-PI-8 Male White Urajona America 6371+37 nwordaco UNKNOWA Bronche Presence Colmonery Edens 20-1-8 10000 by shit 0-1100

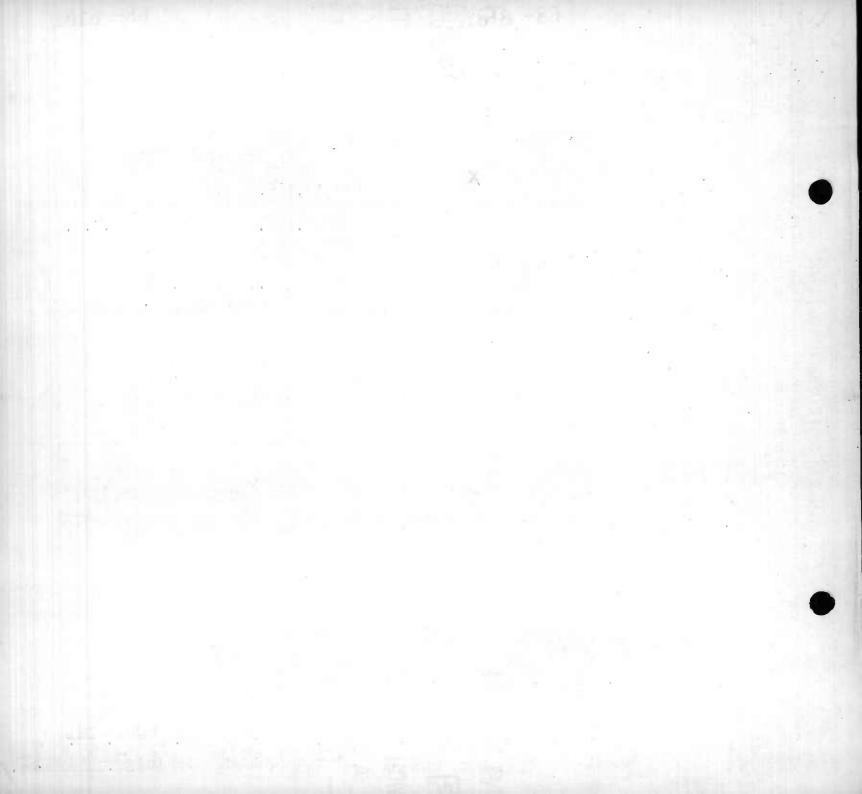
deceased lived. If institution; residence D SINKIDE CITY LIMITS? YES 🖳 NO If Under 24 Hrs. Hours Min. If Under 1 Yr. Months! Doys Hours 12. CITIZEN OF WHAT COUNTRY? ADDRESS above APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH (If In Baltimore City, give exact lacotion) and that In(my) (our) apinion dooth occurred an the date 23 B. DATE SIGNED (State) (City, town, or county)

4 DDRESS



		68-	818:	4	TE OF DEATH	REG. NO	68- 8181
	TH NO.			CERTIFICA		AND HOUR OF DEATH	
	pe or Print)	LLLAI	N	WOLF	An	gust 6, 6	8 1 4 P. M.
3.	PLACE IN BALTIMORE, M	ARYLAND, WHERE	PRONOU	NCED DEAD	A. STATE O 18. CO	here deceased lived. If ins	titution: residence before admission)
HC	LL NAME OF (IF NO ADDR	T IN HOSPITAL OF	RINSTITU	TION, GIVE STREET	Maryland c. CITY OR TOWN	D. INSIE	DE CITY LIMITS?
,	Lutheran	Hospi	tal	of Marylo	E. STREET AND NUMBER	hmore + 1	YES NO NO
7	6			, (	4345 N	lewport A	ve
5.	emale Wh	· T.	ARRIED O	NEVER MARRIED DIVORCED	June 12,1897	9. AGÉ (In yeors lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	e during most of working life,		KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or f		12. CITIZEN OF WHAT COUNTRY?
	Housewife				Balto. Md.		U.S.A.
13.	FATHER'S NAME	derick Jo	hnat	0.00	14. MOTHER'S MAIDEN N	AME	
					Clara 7		
(Ye	Was Deceased Ever in U. s, no or unknown) (If yes, giv	e wor or dotes of s	ervice)	6. SOCIAL SECURITY NO.		James S.An 803 York Rd	
-	no   18. 0 0 // 0	none I		CAUSE OF DEATH		Jeon Loin ita	APPROXIMATE INTERVAL
ATION	(This does not mean theart failure, asthenic, a injury ar camplication was an	tc. It means the d hich caused death NT CAUSES TIONS, if any, couse (A) statir ON last.    DITIONS CONTRIB RELATED TO THE TER	giving ng the	(B) A C1	SE NOMN CONSEQUENCE OF: A CONSEQUENCE OF:	hoid luke	mia
ERTIFIC	19A. DATE OF OPERATION	WAS PERFORM	N FOR W	HICH OPERATION	20A. AUTOPSY? (Yes or	No. 208, IF YES, WERE F	INDINGS CONSIDERED ISES OF DEATH?
CAL CE	21A. ACCIDENT WAS UP OR CONTRIBUTING CA DEATH (notify medicol ex	USE OF	21 B, F home etc.)	PLACE OF INJURY (e.g., in form, foctory, street, of	or obout 21 C. WHERE DID	(If In Boltimore	City, give exact location)
MEDI	21 D. TIME (Month) OF INJURY (APPROX.)	Doy) (Year) (Ho	ur) 21 E.   While Work		21F. HOW DID I	NJURY OCCUR?	
	23A. SIGNATURE	he deceased ali	ve an	(We) (did) (did not) v	ew the body ofter deat		ion deoth occurred on the dote
	PAGE (Type)	IEE SHV	VE	MING	Lutheran 1	tospital o	Manyland.
24/	REMOVAL (Specify)	4B. DATE	24C. NA	ME of CEMETERY or CRE	MATORY 24D.	LOCATION (City	y, town, or county) (State)
	Burial	8/10/68 DEPT.  258.1	NAME OF	land Memor:	2SC. FUNERAL DIRECT	vlor Ave. B	alto. Md.
	AUG 1	2 1968 1	but	E. tarberna	KRAUSE FUN		ils.CharlesSt.
VS	150-REV. 1/1/68						

BALTIMORE CITY HEALTH DEPARTMENT



R-125

68- 8182 BALTIMORE CITY HEALTH DEPARTMENT

				ICAL		AMINER'S			OF	DEAT	TH REG NO	68-	8182
	RTH NO.										N.	1	
1. (Tv	NAME OF DE	CEASED					2. DATE OF	Knawi	123c	Manth	Day	Year	Haur
(1)	FR	ANCIS X	. ROBI	NSON			DEATH	Estime	ated 🗆	8	6	68	4:19 p M.
4.	PLACE IN BA				ONOU	NCED DEAD	3. DATE			Manth	Day	Year	Hour
	LL NAME OF	(IF NO	T IN HOSPITA	L OR INST	AOITUTII	, GIVE STREET	PRON	OUNCED D	EAD	A	ct 6	1968	/1.19 p
	SPITAL	ADDRE	SS OR LOCA	IION)			5 1ISHA	RESIDENC	F (Where	Augu			4:19 p M.
	11)						A. STATE		-1	detedada	B. COUNTY	1. 12	Detail damissiany
	700	Sinai H	ospita	1				Mary1	and		10 alt	500	33-00
6.	SEX	7. RACE		8. MARR	IED 💢	NEVER MARRIED	C. CITY	OR TOWN			D. INSIDE C	CITY LIMITS?	
1	Male	White		WIDOW		DIVORCED	Svk	esvill	0		1	ES X	NO 🗌
9.	DATE OF BIRT		10. AGE (In	1		r 1 Yr. If Under 24 Hrs		T AND NU				13 [2]	110
		6 110- 1	last birthda	y)	Manths	Days   Haurs   Min				0.00			
_		1-1921	46					esvill		x 269			
11.	BIRTHPLACE (	State or farely	n country)			AT COUNTRY?	13. FATH	ER'S NAME		1.	21	•	
	Ba	cto.	ma.		AALI	N'S THE		CTEO	1191	Wi	OJO DII	nson	
				14B. KIND	OF BU	SINESS OR INDUST	RY 15. MOT	HER'S MAID	EN NAM	AE A	~ t		
dar	e during mast of	MARKET TO SERVICE THE PROPERTY OF THE PROPERTY		Tol	2 (	Body Co		Ma	rue	14,	Sant	ny	
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	19.	0 G				CAUSE OF DE	ATH						PPROXIMATE INTERVAL
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	DISEAS	SE OR COND		CTLY									
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	heart failure	e, asthenia, etc	. It means the	disease,		DUE TO, OR	AS A CONS	EQUENCE O	F:				
п	Injury or co	mplication whi	ch caused de	ath.)									
П		NITECEDENIT	CAUSES			4-1							
Н		OR CONDITI		GIVING		DUE TO, OF	AS A CON	SEQUENCE	OF:				
1	RISE TO TH	E ABOVE CA	USE (A) STA	TING THE									
z	UNDERLYI	NG CONDITI	ION LAST.			(C)	****						
9	E 011	16	11										
I	OTHER SIG	NIFICANT CON		ONTRIBUT	ING								
I 은	TO THE DE	ATH BUT NOT R CONDITION											
CERTIFICATIO	20A. DATE O					HICH OPERATION V	VAS PEREO	PMFD				21 41110	OPSY? (Yes ar Na)
				vDIII OI V		WELL OF EXAMON !	TAS TERTO	KANLD				21. A010	317 ()
L	de											YE	S
lo		NAL CAUSE				ACE OF INJURY(e.g arm, factory, street, aff				If to Baltim	are City, give e	xact lacation)	53-00
E	UNDEKTAING	G図OR CON AUSE OF DEA			rialiie, ic	Street	ice blug., esc			1e Fv	nracewa	300	ft. S. of
Σ	22D. TIME		ay) (Year	r) (Hau	r) 22E.	INJURY OCCURRED	1.5	22F. HOW	V DID IN	URY OCC			
	OF INJURY				WHI	LE AT NO	T WHILE				Kux		• overpass
1		8 6	68	1:27p	m. WO	RK AT	WORK X	Sub	ject	in au	to-auto	collis	sion
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ı.	I cer	tify that I h	eld on I	nquiry		nspection A	utopsy X	and t	hat on th	nis basis	, deoth in m	aplnian	
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_	NAME (			F. W	ilso	n, M.D.						ist 7,	
	A. BURIAL CRE		AB. DATE		245	NAME OF CEMETER	ar CREMI	HORY	24D.	LOCATIO	N (City, tav	ar county	(State)
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+	00	0400	BALTIMORE CIT	HEALTH DEPAR	TMENT	11	68-	04.00
	68	5- 8183	CERTIFICA	TE OF DE	HTA	REG. NO.	00-	8183
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0.01.00				TA HEHAL BESID	ENCE (Whore do	9/68 coased lived. if ins	9-	no boloso admino
J. PLAC	E IN BALTIMORE, MARYLAND, V	THERE PRONOUNCE	DEAD	A. STATE	B. COUNTY		A	ce delote dumiss
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mi	TRYLAND GEN	BRAL N	105PITHL		STON		YES	NO 2
				E. STREET AND				
4	2			2819	NARF	onD 1		•
5. SEX	6. RACE	7. MARRIED	EVER MARRIED	B. DATE OF BIRTI		GE (In years birthday)	If Under 1 Yr.	If Under 24 Hours Min
1	my W	WIDOWED	DIVORCED	April 17,19	02	66:		
	IAL OCCUPATION (Give kind of wor	k 108. KIND OF BUS	INESS OR INDUSTRY	11. BIRTHPLACE	State or foreign c	ountry)	12. CITIZEN C	F WHAT COUN
	ng most of working life, even if retired)	Civil SE	7100-	Aberdeen	almela .	he	U.S.	A.
	HER'S NAME	CIVIT SE	E. A.CE	14. MOTHER'S M		-01		
		11				Fult		
11.	JOLDHN	tughes		JESS	IE	rult	011	
15. Wos	Deceased Ever in U. S. Armed For unknown) (If yes, give wer or dete	rcos?	SOCIAL SECURITY NO.	17. INFORMANT	WITE 838	7766 2819 H	ADD	RESS
No.			6-07-1852	Mrs. Hele	4 G. Hugh	ES FAllsto	setord 15	PAG
	412.4 1		CAUSE OF DEAT	Ш	3.	-2 . 1411216	APP OR	ROXIMATE INTERV
vise UNI	EASES OR CONDITIONS, if lo the obove couse (A) DERLYING CONDITION last.  BRIGHTICANT CONDITIONS CO	stoting the		CONSEQUENCE		/ ~		gen. ned
▼ DISE	ASE OR CONDITION GIVEN IN PAI	RT 1 (A).		1204				
ERTIFIC 19A	DATE OF OPERATION 198. CON	IDITION FOR WHIC	H OPERATION	20A. AUTOPSY	(Tes of No) 20	B. IF YES, WERE F	INDINGS CON ISES OF DEAT	H?
200	ACCIDENT WAS HADERIANDED	3 018 81 4	CE OF INITIAVIA	in at about 21 C year	JERE DID	(If to Both)	Ch1	-A l
OR	. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF CAUSE OF CONTRIBUTION MEDICAL CAUSE OF CAUSE	21B. PLA(home, fo	CE OF INJURY (e.g., rm, foctory, street, c	in or obout 21G. Whiffice bldg., INJURY	OCCUR?	(It in Baltimore	City, give exo	ct location)
	TIME (Month) (Doy) (Year)	(Hour) 21 E. INJ	URY OCCURRED	21 F. HO	W DID INJURY	OCCUR?		
	INJURY PROX.)	While A	Not Whi	10				
					196	-		
22.	I certify that (1) (this hospita	i) attended the de	eceased fram				v ====================================	19
that	(I) (we) last saw the decease	ed alive an	J	9 19 6 F	and that i	n(my) (aur) apir	ian death ac	curred an the
and	havr and from the causes sta	ted abave. (I) (W	e) (did) (did nat)	view the bady af	ter death.			
23A.	SIGNATURE						23B. DATE SIG	SNED
	M. H. TRump	e m	DEGREE Phy	ending Mo	ectar Staff		. 81	9/64
	PHYSICIAN'S		DEGKEE	23D. ADDRESS			1	1
	NAME (Typo)	SHEN	1 20 1	146	5.	1+ B	7	
24A. BIII	RIAL CREMATION, 248, DATE	24C NAME	of CEMETERY OF CE	EMATORY	EAGULOCA 24B LOCA	TION ICH	v. town, or com	inty) (Sto)
REA	MOVAL (Specify)	OLO C					1000	1 2 150
			Presbyteria	Ch'CEW.	HELG	EEN, HARTO	rd Co. Mi	4, 21001
25A. DA	TE REC'D BY HEALTH DEPT.	Polent E	GISTRAR	25C. FUNERA	L DIRECTOR	roster BE	To policy &	Williams S
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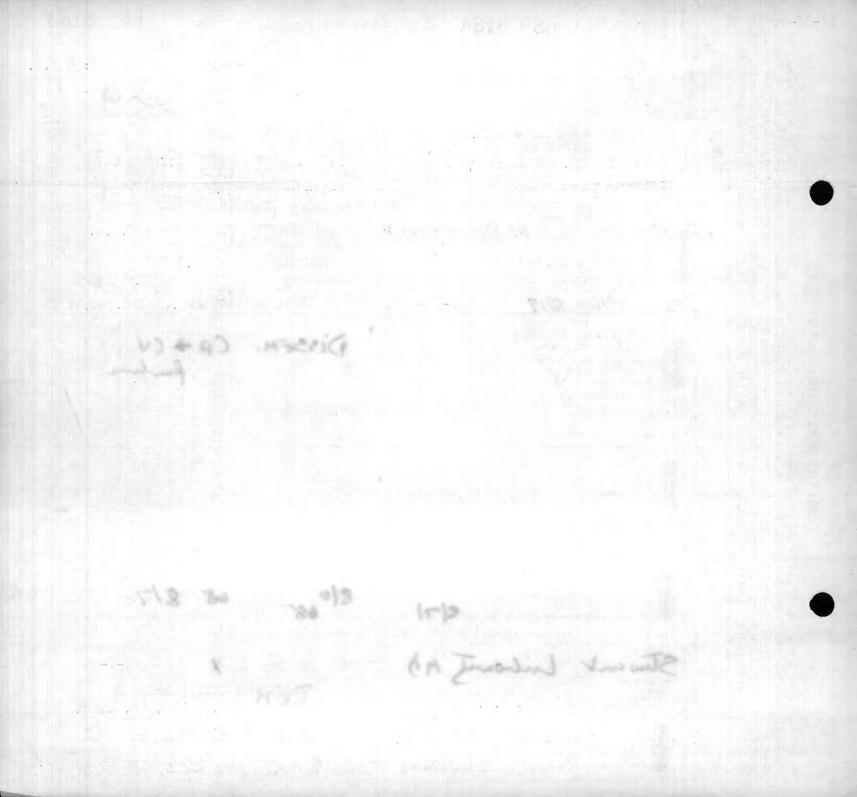
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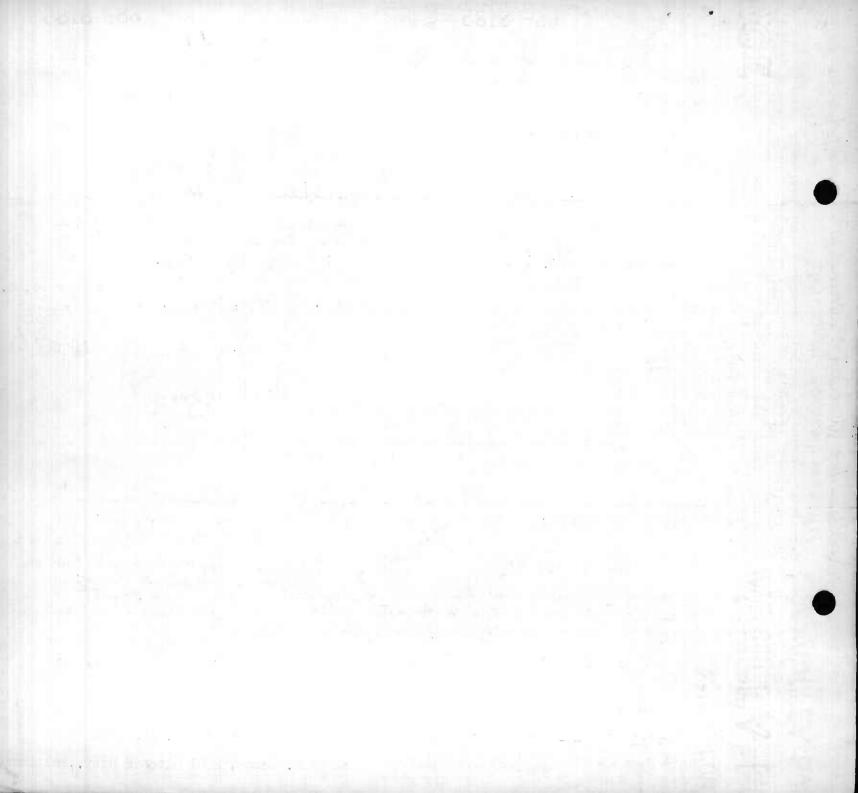
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BRITH NO  OCIO** CERTIFICATE OF DEATH  INAMAT OF DECASED  (Type or Péan BENNETT TRACY  J. PLACE IN BALTIMORE MARTLAND, WHERE FRONOUNCED DEAD  APPLICATION OF THE MOSSITAL OR INSTITUTION, GIVE STREET  ADDRESS OR LOCATION)  J. BALTI TMORE CITY HOSPITALS  4.94.0 EASTERN AVENUE  BALTI TMORE, MARYLAND  S. SER  6. BACE  MAIE  MITTE  UNDOWED  DIVORCED  JOYORCED	1	20 60	0.47		HEALTH DEPARTMENT		68- 8184
STEP AND FOR CONTION DIRECTLY LEADING TO DEATH		68	- 818	34 CERTIFICA	TE OF DEATH	REG. NO	00-0104
TACKE IN BALLY MORE PRONOUNCED DEAD  TILK NAME OF OF NOTIN HOSPITAL OR MISTURION, GIVE STREET  HOSPITAL OR ADDRESS OR ECATION  MARY TAND  BALLY IMORE CITY HOSPITALS  4940 EASTERN AVENUE  BALLY IMORE CITY HOSPITALS  4940 EASTERN AVENUE  BALLY IMORE CITY HOSPITALS  5.5552  MARY BALLY IMORE CITY HOSPITALS  BALLY IMORE CITY HOSPITALS  5.5452  BALLY IMORE CITY HOSPITALS  6.5152  MALE MILTE  MARY CARD COUNTY  MARY CA	1. NAME OF DEC				2. DATE	AND HOUR OF DEATH	
RULE NAME OF ADDESS OR LOCATION OF THE NAME OF THE NAME OF ADDESS OR LOCATION OF THE NAME OF THE	(Type or Print)	ENNETT TRACY			E. H. HELLER	8-7-68	1:45 P.M. A
BALT IMORE CITY HOSPITALS  4940 EASTERN AVENUE  BALT IMORE, MARYLAND 21224  5.55R  6. BAGE  WHITE  WHITE  WHITE  WHITE  BALD MODES  1. MARRED					A. STATE B. CO	Vhere deceased lived. If in UNIY	stitution; residence before admission
BALT MCRE CITY HOSPITALS  4940 EASTERN AVENUE  BALT MCRE, MARYLAND 21224  S. SER  6. KACE  WHITE  WHOWED  WHOSED  WHOSED  WHOSE WHO SHOW IN HOR SHOW I	HOSPITAL OR	ADDRESS OR LOCA	(TION)	OHON, GIVE STREET	C. CITY OR TOWN	D. INSI	IDE CITY LIMITS?
4940 EASTERN AVENUE  BATTHORE, MARYLAND 2121  5. SER  ALEC  "ARRED AND ENVERMARRED DIVORCED D		BATTIMORE CITY	HOSPT	PATS	BALLTIMORE		YES NO
S. SEK   G. BACK   P. MARRIED   NEVER MARRIED   DIVOKED   DIVOKE				LALLO	E. STREET AND NUMBER	?	
MAIE WHITE WOONED DIONECED 4-12-99 [seet lightly] Months; Days Proving Minimal Main and Main	F	BALTIMORE, MAR	YLAND 2	21224	512 N. EAS!	STREET 2120	02 007
TOUR USUAL OCCUPATION (IOW wind of work) Dor KIND OF DUSINESS OR INDUSTRY  ID. FAITHER'S NAME  EVERY DECEMBER (DEC.)  14. MOTHER'S MADEN NAME  EVERY DECEMBER (DEC.)  15. WAS DECEMBER OF THE STANDER OF THE STANDER OF THE STANDER OF THE STANDER NAME  EVERY DECEMBER OF THE STANDER NAME  EVERY DECEMBER OF THE STANDER OF THE STANDER NAME  EVERY DECEMBER OF THE STANDER OF THE STANDER NAME  EVERY DECEMBER OF THE STANDER OF THE ST	5. SEX	6. RACE	7. MARRIED	NEVER MARRIED		9. AGE (In years	If Under 1 Yr. If Under 24 Hrs
AMARYLAND   U.S.A.							
SURP - Ref.   MRTIAND   U.S.A.    13. FAIRES NAME   EUGENE (DEC.)   14. MOTHERS MAIDEN NAME   MARY GARTOK (DEC.)    15. WEST DECESSED OF CONDITION DIRECTLY   15. SOCIAL (P.S. DECESSED)   17. INFORMANT   BALTT MORE CITY HOS PITAL ASPRESS    18. JEAST OF CONDITION DIRECTLY   15. SOCIAL (P.S. DECESSED)   17. INFORMANT   BALTT MORE CITY HOS PITAL ASPRESS    18. JEAST OF CONDITION DIRECTLY   15. SOCIAL (P.S. DECESSED)   17. INFORMANT   BALTT MORE CITY HOS PITAL ASPRESS    18. JEAST OR CONDITION DIRECTLY   15. DECESSED   17. INFORMANT   BALTT MORE CITY HOS PITAL ASPRESS    18. JEAST OR CONDITION DIRECTLY   15. SOCIAL (P.S. DECESSED)   17. INFORMANT   BALTT MORE CITY HOS PITAL ASPRESS    18. JEAST OR CONDITION DIRECTLY   15. SOCIAL (P.S. DECESSED)   17. INFORMANT   BALTT MORE CITY HOS PITAL ASPRESS    19. JEAST OR CONDITION DIRECTLY   15. INFORMANT   15. IN			10B, KIND O	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or	fareign country)	12. CITIZEN OF WHAT COUNTRY
13. MATHER'S NAME   EUCENTE   DEG.     14. MOTHER'S MAIDEN NAME   MARY GARTICK   DEG.     15. SOCIAL SECURITY NO. SECURITY NO. 214-20-4052   12. INFORMANT   BALT IMORE CITY HOS PITAL DORESS   RECORDITION DIRECTLY   LEADING TO DEATH   CAUSE OF	GUARD-	Ret.	MD. PE	MITTENTERY	MARYLAND		U.S.A.
15. WOS Deceased Ever in U. S. Armed Forces?   16. SOCIAL SECURITY NO.   17. INFORMANT   BALT IMORE CITY HOSPITAL DORESS   17. INFORMANT	13. FATHER'S NA	ME	1110.101	VITCIVITINI	14. MOTHER'S MAIDEN	NAME	
Ves.noe of unknown)   If yes, give wor and others of serviced   SECURITY NO.   RECORDS.   BALT I MORE CITY HOS PITALS							
18.   7/6 - 9/7   214-20-4052   4940 EASTERN AVE., BALTO., MD. 21224.  18.   DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not meen the mode of dying, e.g., heart foilure, osthenic, etc. It means the disease, injury or complection which coused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony, giving dise to the obove couse (A) stoling the UNDERLYING CONDITION (C).  O) THE DEATH BUT NOTECLATED TO THE REMINAL (C).  O) THE DEATH BUT NOTECLATED TO THE REM					RECORDS. BALT	IMORE CITY HO	SPITALS
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not meen the mode of dying, e.g., heart folius, eshenio, act, c.l means the disease, injury or complication which caused doeth.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving rise to the obove cause (A) stolling the UNDERTING CONDITION SITE on the control of the c	YES	1916- 1913	7	214-20-4052	4940 E	ASTERN AVE., B	BALTO., MD.21224
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  IThis does not meen the mode of dying, e.g., theat follow, esthenic, etc. It means that disease, injuly or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony, giving itse to the obove cause (A) stoling the UNDERLYING CONDITION lost.  OF THE SIGNIFICANT CONDITION SCONTRIBUTING TO THE TERMINAL TO THE	18. 199	0.01		CAUSE OF DEATH			APPROXIMATE INTERVAL
Continued   Cont	DISEA		RECTLY		Since Cu	Can	
hearl failure, ostherio, etc. It means the disease, injury or complication which caused doeth.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stoling the UNDERLYING CONDITION lost.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION OF WHICH OPERATION WAS PERFORMED  DISEASE OR CONDITION OF WHICH OPERATION 1986. CONDITION FOR WHICH OPERATION NO OTHER SIGNIFICANT CONDITIONS CONSIDERED NO OTHER SIGNIFICANT CONTRIBUTIONS CONTRIBUTED NO OTHER SIGNIFICANT CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTED NO OTHER SIGNIFICANT CONTRIBUTIONS CONTRIBUTI	(This does		dut		75	· CH-> (	V
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony, giving rise to the obove cause (A) stoting the UNDERLYING CONDITION Iost.  O THER SIGNIFICANT CONDITION SCONTRIBUTING TO THE TERMINAL TO TH					A CONSEQUENCE OF:	lai	line
DISEASES OR CONDITIONS, if ony, giving rise to the obove cause (A) stoling the UNDERLYING CONDITION tost.    Contribution of the contribution of t	0.00		deoth.)				
The set of the obove couse (A) sloting the UNDERLYING CONDITION lost.  (C) UNDERLYING CONDITION CONTRIBUTING LOST CONTRIBUTING LOST CONTRIBUTING CAUSE OF DEATH?  (C) UNDERLYING CONTRIBUTING CAUSE OF LOST CAUSE.  (C) UNDERLYING CAUSE OF LOST CAUSE.  (B) IN CERTIFYING CAUSE OF DEATH?  (B) IN CERTIFYING CAUSES OF DEATH?  (B) IN CERTIFYING				(B)		*******************	
UNDERLYING CONDITION lost.  (C)    V				DUE TO, OR AS	A CONSEQUENCE OF:		
DISEASE OR CONDITION GIVEN IN PART 1 (A).  DISEASE OR CONDITION GALES OF BEAUTY.  DISEASE OR CONDITION GALES.  DISEASE OR CONDITION GALES OF BEAUTY.  DI			olening inc	(c)			
DISEASE OR CONDITION GIVEN IN PART 1 (A).  DECRET OR CONTRIBUTION GLOSS OF BEATH?  DISEASE OR CONDITION GIVEN IN PART 1 (A).  DECRET OR CONTRIBUTION GLOSS OF BEATH?  DISEASE OR CONDITION GLOSS OF BEATH?  DISEASE OR CONTRIBUTION GLOSS OF BEATH?	199.	211					
19A. DATE OF OPERATION   198. CONDITION FOR WHICH OPERATION   20A. AUTOPSY? (Yes or No)   20B. IF YES, WERE FINDINGS CONSIDERED   NO   NO   NO   NO   NO   NO   NO   N	O THE DEA						
OR CONTRIBUTING CAUSE OF DEATH (notify medical examinent)  21D EATH (notify medical examinent)  21E INJURY OCCURRED OF INJURY (APPROX.)  21E INJURY OCCURRED While At Work At	DISEASE OR C	ONDITION GIVEN IN PAR	T 1 (A).		204	N. V. con .	
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  DEATH (n	DI IVA. DATE OF			WHICH OPERATION			
DEATH (notify medical examiner)  21D. TIME (Manth) (Day) (Year) (Hour) 21E. INJURY OCCURRED While At Work At Work  22E. I certify that (I) (this hospital) attended the deceased from 19 8 and that in (my) (our) apinion death occurred on the dat ond haur and fram the causes stated above. (I) (We) (did) (did-sat) view the body ofter death.  23A. SIGNATURE  23C. PHYSICIAN'S NAME (Type)  STEWART IF IBOWITZ, Me D.  24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (Stole)  BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (Stole)  BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (Stole)  BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (Stole)  BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (Stole)  BURIAL RECORD FROM THE ALTH DEPT. 25B. NAME OF REGISERAR 24D. DURANT ADDRESS A	OR CONTRIBI	NT WAS UNDERLYING		PLACE OF INJURY (e.g., in	fice bldg. INTURY OCCUR	(If In Boltimor	e City, give exact lacation)
21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED While At Work 1 PROOK.)  22. I certify that (I) (this hospital) attended the deceased from 19 68 and that in (my) (our) opinion death occurred on the date ond haur and from the couses stated above. (I) (We) (did) (did not) view the body ofter death.  23A. SIGNATURE  23C. PHYSICIAN'S NAME (Type) STEWART LEIBOWITZ, M.D.  23C. PHYSICIAN'S NAME (Type) STEWART LEIBOWITZ, M.D.  24A. BURIAL CREMATION, REMOVAL (Specify)  BURIAL CREMATION, 24B. DATE  24C. NAME of CEMETERY of CREMATORY  24D. LOCATION (City, town, or county) (Stote)  25A. DATE RECORD HEALTH DEPT 25B. NAME OF REGISTRAR  25A. DATE RECORD HEALTH DEPT 25B. NAME OF REGISTRAR  25B. NAME OF REGISTRAR  26C. FUNDRAL DIRECTOR  27F. HOW DID INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  22F. HOW DID INJU	TO DEATH (notify				ince sings, invoke occor.		
While At Work  At Work  22. I certify that (I) (this hospitol) ottended the deceased from thot (I) (we) lost sow the deceased olive on 19 68 ond that in (my) (our) opinion death occurred on the dot ond haur and from the couses stated above. (I) (We) (did) (did-not) view the body ofter death.  23A. SIGNATURE  23A. SIGNATURE  23C. PHYSICIAN'S NAME (Type) STEWART IE IBCWITZ, M. D.  23D. ADDRESS BALT IMORE CITY HOSPITALS STEWART IE IBCWITZ, M. D.  24A. BURIAL CREMATION, REMOVAL (Specify)  24B. DATE 24C. NAME of CREMETERY OF CREMATORY  24D. LOCATION (City, town, or county) (Stote)  25A. DATE REC'S BY HEALTH DEPT.  25B. NAME OF REGISTRAR  26C. UNIVAL DIRECTOR  ADDRESS  26C. UNIVAL DIRECTOR  ADDRESS  AD	O 21D. TIME	(Month) (Day) (Year)	(Hour) 21E	. INJURY OCCURRED	21F. HOW DID	INJURY OCCUR?	
22. I certify that (I) (this hospitol) ottended the deceased from  19	S OF HAJORI						
that (I) (we) lost sow the deceased alive on	22 1				216	10 1-8 0	1- 108
ond haur and fram the couses stated above. (I) (We) (did) (did not) view the body ofter deoth.  23A. SIGNATURE  State Libourt More of Cemetery of Crematory  23D. Address  Phys. Staff More CTTY HOSPITALS  23D. ADDRESS  BALT MORE CTTY HOSPITALS  24A. BURIAL CREMATION, 24B. DATE  24C. NAME of CEMETERY OF CREMATORY  24D. LOCATION (City, town, or county) (Stote)  BIRIAL MORE CTTY HOSPITALS  24A. BURIAL CREMATION, 24B. DATE  24C. NAME of CEMETERY OF CREMATORY  24D. LOCATION (City, town, or county) (Stote)  25A. DATE REC'ABUREALTH DEPT. 25B. NAME OF REGISERAR  26C. FUNDAL DIRECTOR  ADDRESS				the deceased from	60		
23A. SIGNATURE  Student Libourt Morgree Attending Med. Director Phys. 23B. DATE SIGNED  23C. PHYSICIAN'S NAME (Type)  STEWART IE IBOUITZ, M.D.  24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)  BURIAL  24C. NAME of CEMETERY OF CREMATORY  24D. LOCATION (City, town, or county)  (Stote)  25A. DATE REC'A BY HEALTH DEPT. 25B. NAME OF REGISERAR  25B. NAME OF REGISERAR  26C. FUNDAL DIRECTOR  ADDRESS  ADDRESS  ADDRESS  ADDRESS  ADDRESS  ADDRESS  ATT MORE CITY HOS PITALS  24D. LOCATION (City, town, or county)  (Stote)  25A. DATE REC'A BY HEALTH DEPT. 25B. NAME OF REGISERAR  26C. FUNDAL DIRECTOR  ADDRESS  ADDRESS  ADDRESS  ADDRESS	thot (I) (we)	lost sow the decease	d olive on		19ond	that in (my) (our) opi	nion deoth occurred on the dot
Student Liboury Morre Phys. Attending Phys. Stuff Phys. 23C. Physician's NAME (Type)  23C. Physician's NAME (Type)  STEWART LE IBOWITZ, M.D.  24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)  BURIAL  24C. NAME of CEMETERY OF CREMATORY  24D. LOCATION (City, town, or county)  (Stote)  25A. DATE REC'A BY HEALTH DEPT.  25B. NAME OF REGISTRAR  26C. FUNDAL DIRECTOR  ADDRESS  ATT MORE C TTY HOS PITALS  BURIAL CREMATION (City, town, or county)  (Stote)  ADDRESS  A			ed above. (	I) (We) (did) (did not) v	iew the body ofter deot	h.	
23D. ADDRESS NAME (Type)  23D. ADDRESS BALT IMORE CITY HOSPITALS  STEWART LEIBOWITZ, M.D.  24A. BURIAL CEMATION, 24B. DATE REMOVAL (Specify)  BURIAL  AUG. 10, 1988  DULANEY VALLEY MEMORIA COCKEYSVILLET MD.  25A. DATE REC'ABUGEALTH DEPT.  25B. NAME OF REGISTRAR  26C. FUNERAL DIRECTOR  ADDRESS  JOHN SULVAN SON, TOLOR MULL.	23A. SIGNATU	JRE )	, ,	\			
STEWART LEIBOWITZ, M.D.  DEGREE 1.940 EASTERN AVE BAITO MD. 21224  24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (Stote)  REMOVAL (Specify)  BURIAL REMOVAL (Specify)  AUG. 10, 1988 DULANEY VALLEY MEMORIAL COCKEYSVILLET MD.  25A. DATE RECADING ADDRESS  25B. NAME OF REGISTRAR  26C. FUNDRAL DIRECTOR  ADDRESS  JOHN PLANEY SOM, TOWN MULL.	Shi	vant h	nhou	M DGREE Phys	Director	Phys.	8-7-68
STEWART LEIBOWITZ, M.D.  DEGREE 1940 EASTERN AVE. BAITO. MD. 21224.  24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (Stote)  BURIAL AUG. 10, 1968 DULANEY VALLEY MEMORIAL COCKEYSVILLET MD.  25A. DATE REC'ASYCHEALTH DEPT. 25B. NAME OF REGISTRAR 26C. FUNERAL DIRECTOR ADDRESS TOWN DUCKNE SOM, TOWN MILL.				3	23D. ADDRESS BALT TO	Tell Action to the second second	PTTATS
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (Stote)  BURIAL (Specify)  BURIA	475 ARRIVAN		Z, M.D.	DECOSE	LOLO PASTE	W AVE BALTO	MD 2122/
BURIAL AUG. 10, 1968 DULANEY VALLEY MEMORIAL COCKEYSVILLET M.D.  25A. DATE REC'AUGUSTA 125B. NAME OF REGISTRAR  25C. FUNERAL DIRECTOR  JOHN BUSTAN SOW, TOWN MILL.	24A. BURIAL CRE	MATION, 248, DATE		DEGREE	MATORY 24D	LOCATION (C	ty, tawn, ar caunty) (State)
AUG 12 1968 Pelent E. tanken John Burne Song, Torosom Jud.	BURIAZ	- AUG. 10, 1	1968 De	VLANEY VALL	EY MEMORIA	CACKEYSVIL	LET MD.
VS 150-REV. 1/1/68	25A. DATE REC'	UG 12 1968 (	25B. NAME	F REGISTRAR	26C. TUNEVAL DIRECT	una Sous	Totagon Will.
	V\$ 150-REV. 1/1/	6B			1	//	The state of the s



N	1-22-5		H NO. 68- 8185 CERTIF	ICATE OF DEATH	REG. NO. 68-8185
	and sed the the	1, N	AME OF DECEASED	2. DATE AND HOL	UR OF DEATH
	de de cea		e of Print) Mac Isaac, John A,	. IV 6 Angus	168 1920 AM
9	t o o o t	3.	LACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	A. STATE B. COUNTY	osed lived. If institution: residence before admission)
3	hosp Use (5) I danc	ll HC	L NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREE	c. CITY OR TOWN	D. INSIDE CITY LIMITS?
4	cau cau rend rend	IN.	niversity of Maryland Hospital	Glen Burnie	YES. NO
1	d ing can at at rior		38	E. STREET AND NUMBER RH 1 BOX 24	5
<b>~</b>	ibut ibut ned jar d p	5. 5	EX   6. RACE   7. MARRIED   NEVER MARRIE	8. DATE OF BIRTH 9. AGE	(In years   If Under 1 Yr., If Under 24 Hrs.
	occur ermin regul ased is ma		M Can WIDOWED DIVORCE		12
	00 - 0 -		USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR IND during most of working life, even if retired)		
3	S iti	13	Student	Maryland 14. MOTHERS MAIDEN NAME	US A
3.	if d (4) U wa the spos	13.	John A. MacIsaac III	()	Colora
ž Z	tant e dir ind; ( eath e on al dis		Vas Deceosed Ever in U. S. Armed Forces?   16. SOCIAL	17. INFORMANT	Colgan Glen Burnie, Md
BA	- S - C - T - C -	116	,na arunknawn) (If yes, give war ar dates of service)  SECURITY NO.		3rd, Rt. 1, Box 245,
20	s ass any ced ndar		18. 9/0, OI		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Æ	lso, of o und ten		DISEASE OR CONDITION DIRECTLY	TE CALISE Drowning	16-17 hrs
7-	A e e e e e e e e e e e e e e e e e e e		(This does not mean the mode of dying, e.g., DUE TO, heart failure, asthenia, etc. It means the weaker.	OR AS A CONSEQUENCE OF:	
S &	ine act pr pr		ANTECEDENT CAUSES	(Iland	
75	ami A fr ho ho reg		= 7/3B)	OR AS A CONSEQUENCE OF:	(naury)
3 2	ex (3) in v		rise to the obove couse (A) stating the UNDERLYING CONDITION last.		
_ 5	lica cal ns; icia icia		E729.4 II 5 12	./_	
TA A	edi edi bur hys	TION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	U	
3 R	dy dy me p	FICA	DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A. DATE OF OPERATION  19B. CONDITION FOR WHICH OPERATION  WAS PERFORMED	20 A. AUTOPSY? (Yes or No) 20 B.	IF YES, WERE FINDINGS CONSIDERED CERTIFYING CAUSES OF DEATH?
YN	ch Bo Bo th thys	CERTIFIC		Wes	(If in Baltimere City, give exoct location)
3 -	the all his increase of poeto	A P	DEATH (notify modical axamina) left.	Y (e.g., in or offout 21 C. WHERE DID INJURY OCCUR?	
Y	spit wre wh	MEDIC	21D. TIME (Month) (Doy) (Yeo) (Hour) 21E. INJURY OCCURR OF INJURY (1997) 1136	ED 21F. HOW DID INJURY O	ing board, struck head on
	ho ho ho dept ept dept dept dept dept dept dept	2	(APPROX.) (APPROX.)	of While & Fell from div	then Lell into the water.
	pro the iny exc an		22. I certify that (1) (this haspital) attended the deceased from		
	of of otation of the		that (1) (we) lost sow the deceased alive on	· ·	my) (our) opinion deoth occurred on the date
	b ut		and hour and fram the causes stated above, (1) (We) (did) (did	nat) view the bady offer deoth.	23B, DATE SIGNED
	50.540-		Marston a young in)	Attending Med. Staff Phys.	\$ 6 Aug 68
	0 - 0 - >		23C. PHYSICIAN'S NAME (Type)	23D. ADDRESS	
	ificate was 1) An of prio	24	DUDIAL CREMATION 248 DATE	DEGREE of CREMATORY 24D. LOCATI	ON (City, town, ar caunty) (State)
	certificat sody was s: (1) An D.O.A. at assed priction appro	244	BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY		
		25/	Burial 8-9-1968 Baltimore No.	ational Cemetery Bal 25C. FUNERAL DIRECTOR	timore, Maryland
	This the I show was dece		DATE REAUG 12 1968 OF COLOR E. Talley	George J. Gonce,	4001 Ritchie Hgwy., Baltimor
		VS	150-REV. 1/1/68 1994		



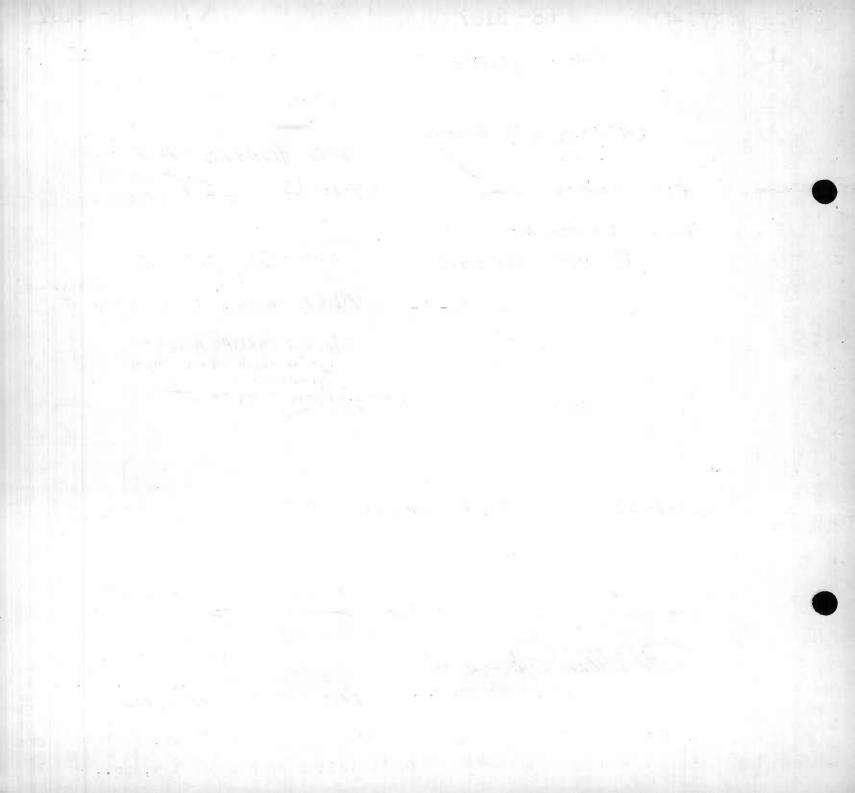
P-620

## 68-8186 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO	8- 8186
BIRTH NO.	
1. NAME OF DECEASED (Type or Print) CHARLES PIERCE   2. DATE Known Month Doy OF DEATH Estimoted August 8, 1968	Yeor Hour M.
	Yeor Hour
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)  PRONOUNCED DEAD  August 8, 1968  5. USUAL RESIDENCE (Where deceased lived. If institution: residence)	8:30 A. M.
4715 Ivanhoe Avenue Maryland B. COUNIY	1 - 1-1-
6. SEX 7. RACE B. MARRIED NEVER MARRIED C. CITY OR TOWN D. INSIDE ITY LIF	IIS9eat
Male Negro WIDOWED □ DIVORCED □ Baltimore YES X	NO D
9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs. E. STREET AND NUMBER Months; Doys; Hours; Min.	
11. BURTHPLACE (State or foreign couppry)  12. CITIZEN OF WHAT COUNTRY?  WHAT COUNTRY?	
Harris Tierce	
14A. USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY 15 MOTHER'S MAIDEN NAME done during most of working life, even if refired)	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give wor or doles of service)  17. SOCIAL  SEGURITY NO. 79  M. A. DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give wor or doles of service)	55 Josefuku
19. CAUSE OF DEATH	APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY  Arteriosclerotic cardiovascular disease	BETWEEN ONSET AND DEATH
LEADING TO DEATH  (A) IMMEDIATE CAUSE	
(This does not meon the mode of dying, e.g., heart follure, osthenio, etc. It meons the diseose, Injury or complication which coused death.)	/%
ANTECEDENT CAUSES (A)	
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO, OR AS A CONSEQUENCE OF:	
UNDERLYING CONDITION LAST.	•
OF THE RESIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION   20B. CONDITION FOR WHICH OPERATION WAS PERFORMED   21.	
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21.	AUTOPSY? (Yes or No)
	No
22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB.  22B. PLACE OF INJURY (e.g., in or obout 22C. WHERE DID (If in Boltimore City, give exact local home, form, factory, street, office bidg., etc.) INJURY OCCUR?	
☐ UTING ☐ CAUSE OF DEATH.	
22D. TIME (Month) (Doy) (Yeor) (Hour) 22E.INJURY OCCURRED 22F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE AT NO	
m, WORK AT WORK	
I certify that I held an Inquiry Inspection X Autapsy and that an this basis, death in my opin	lon
resulted fram: Natural causes X Accident Suicide Hamicide Undetermined monner CHIEF MEDICAL EXAMINER	
ACTUAL SIGNATURE (LLS). ASSISTANT MEDICAL EXAMINER X	DATE SIGNED
	gust 8, 1968
24A. BURIAL CREMATION, 24B. DATE 24C, NAME, of GEMETERY OF CREMATORY 24D, LOCATION SCHOOL, 10WN, or REMOVAL (Specify) Usual Ung 11,1968 Not Calvary Century Brook Rep.	ml
AUG 12 1968 Plant & Fallon 1 150 FUNER AT DIRECTOR AUG 12 1968 Plant & Fallon 1 150 FUNER AT DIRECTOR AUG 12 1968	w hertlye
Market Ma	

Tribe Ternell 28-11-119 Min Hernadom James 1115 Daried Gay 17 148 Met. Calvary Constan Horse Elega Margel F. Heren 3822

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1. NAME OF DECEASED (Type or Print)  3. PLACE IN BALTIMOS  FULL NAME OF HOSPITAL OR (INSTITUTION BA: 7)  5. SEX Male  10A, USUAL OCCUPATION of Working most of working to the control of t	E MARYLAND, WHERE PRONO F NOT IN HOSPITAL OR INSTITUTOR FOR LOCATION  THANK CITY A EASTERN AVE.  O., MD. 21224  CE 7. MARRIED	TUTION, GIVE STREET	4. USUAL RESIDER A. STATE MARYLAR C. CITY OR TOWN	8-9-68  NCE (Where deceased liv B. COUNTY  BALTIMON	D. INSIDE CITY L	53.
Type or Print)  3. PLACE IN BALTIMON  FULL NAME OF HOSPITAL OR INSTITUTION  BA: 7  5. SEX Male  10A, USUAL OCCUPATION  done during most of working	E MARYLAND, WHERE PRONO F NOT IN HOSPITAL OR INSTITUTOR FOR LOCATION)  THANK CITY A EASTERN AVE.  O., MD. 21224  CE 7. MARRIED	TUTION, GIVE STREET	4. USUAL RESIDER A. STATE MARYLAR C. CITY OR TOWN	8-9-68  NCE (Where deceased liv B. COUNTY  BALTIMON	D. INSIDE CITY L	53.
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final Decupation of working	MARKIED		6901	HOLABIRD	AVE	1
10A, USUAL OCCUPATION of working		NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In ye)	ars If Unde Months;	Doys Hours M
done during most of working	WIDOWED		7-16-1	5		
-	ON (Give kind of work 108, KIND O	F BUSINESS OR INDUSTRY		tote or foreign country)	12. CITI	ZEN OF WHAT COU
IF EALL F AMI	TION ATTENDANT	Self	NORTH	CAROLINA		USA
13. FATHER'S NAME	, , , , , , , , , , , , , , , , , , ,		14. MOTHER'S MA	AIDEN NAME		
T	HOMAS HE	GGIE	WOO	TEN BE	SSIE	
5. Was Deceased Ever	n U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT E		TERN AVE	ADDRESS
(Yes, no or unknown) (If ye	s, give wor or dotes of service)	SECURITY NO.	ALICE	BALTO., I	WIFE :	SAME
No   18. / L ( 1 )		224-01-1295	1/LICA	HEGGIE (	WIFE)	APPROXIMATE INTER
	ONDITIONS, if any, giving ove cause (A) staling the NDITION last.	9	S A VONSEQUEN <del>C</del> E	OF) /		
TO THE DEATH BUT	CONDITIONS CONTRIBUTING NOT RELATED TO THE TERMINAL TION GIVEN IN PART 1 (A).  ATION 198, CONDITION FOR WAS PERFORMED PURPOSED	which operation up to Aneuty 80		S IN CERTIFY	WERE FINDINGS	DEATH?
OR CONTRIBUTING	CAUSE OF ho	B. PLACE OF INJURY (e.g., is me, form, foctory, street, oc.)	in or obout 21 C. WHE office bldg., INJURY C	ERE DID (If in DCCUR?	Boltimore City, giv	re exect location)
21D. TIME (Mo		E. INJURY OCCURRED		W DID INJURY OCCUR?		
(APPROX.)		/hile At Not While Nork Nork			- 0	. ~
22. I certify that	(this hospital) attended	the deceased fram 8	-9-6	19ta_	8-7-6	28 19
	saw the deceased alive an.	0-0/0	17	and that in (my) (a	ur) aplnian dec	ath accurred an the
	the causes stated above.		view the bady aft			
23A SIGNATURE	444	(3.5) (3.6)	5347 411		23B, DA	TE SIGNED
What	William Mars	MA Dhu	rending Med	d. Staff Phys.	8-	9-68
23C. PHYSICIAN'S	munici you	DEGREE		40 EASTERN AV	E. BALTY	MD- 212
Manager 17	ETER WILLIAM ROS	S JR. M.D.		ITY HOSP R	AIT LA	
NAME (Type)		DEGREE		11 (10 ) B	TL1, 170	•
NAME (Type)	ON DATE TOUCH		EAA ATORY	24D LOCATION	(City town	or county) (St
24A. BURIAL CREMATI REMOVAL (Specif	"	NAME of CEMETERY OF CR		24D. LOCATION	(City, town,	or county) (St
24A. BURIAL CREMATI REMOVAL (Specif	8/12/68 G	name of CEMETERY of CR	aith	Baltin	(City, town,	
24A. BURIAL CREMATI REMOVAL (Specif	8/12/68 G	NAME of CEMETERY OF CR	aith 25C. FUNERAL	Baltin		yland Address



BALTIMORE CITY HEALTH DEPARTMENT

VS 150-REV, 1/1/68

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IMPORTANT

DIRECTOR:

FUNERAL

PV

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68-8188

NO

Hours

BETWEEN ONSET AND DEATH

USA

ADDRESS

It Under 24 Hrs. Hours : Min.

ADDRESS

Lassahn Funeral Home 7401 Belair 21234

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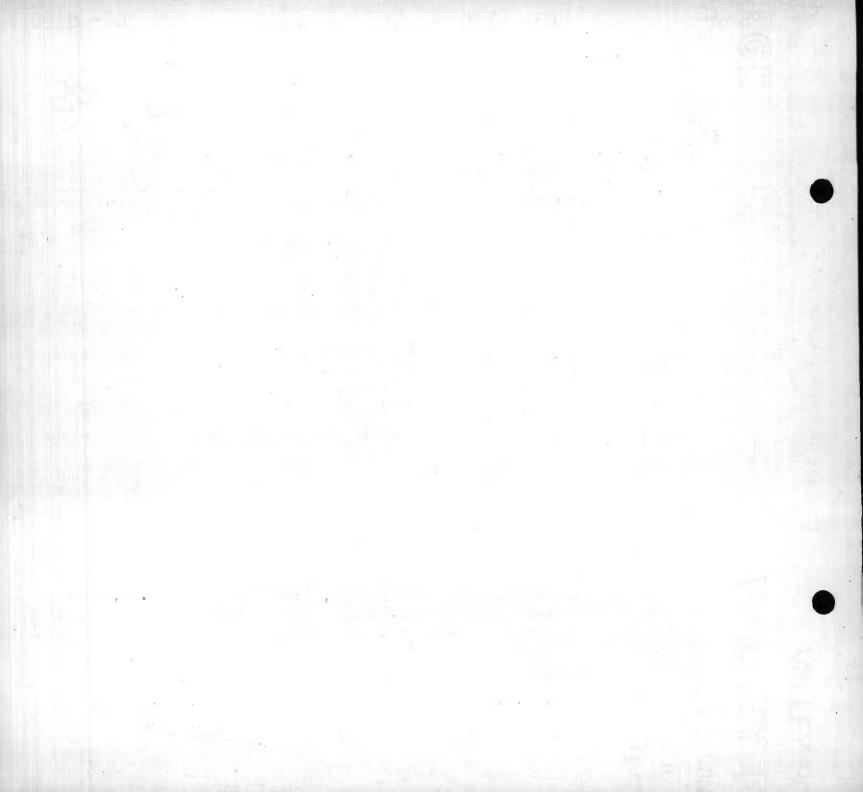
68- 8189 BALTIMORE CITY HEALTH DEPARTMENT

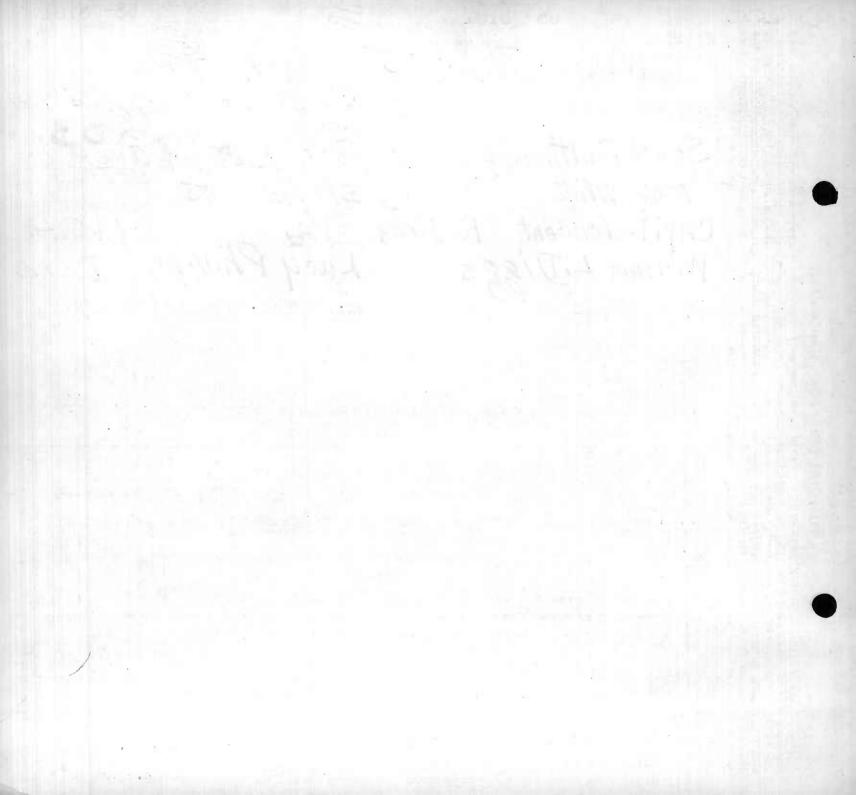
170	OTO					00
MED	ICAL	<b>EXAMINER'S</b>	CERTIFICATE	OF	DEATH	68

MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG NO 68	8-8189
BIRTH NO.	
1. NAME OF DECEASED (Type or Print)  CHESTER MITCHELL  2. DATE Known Month Doy OF DEATH Estimated August 7, 1968	Year Hour
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION)  3. DATE PRONOUNCED DEAD  August 7, 1968	Year Hour 2:50 P.M.
Johns Hopkins Hospital (DOA)  S. USUAL RESIDENCE (Where deceased lived. If institution: resident A. STATE  B. COUNTY  Maryland	dence belore odmissian)
6. SEX 7. RACE 8. MARRIED NEVER MARRIED C. CITY OR TOWN DE CITY LIF	
Male White WIDOWED DIVORCED Baltimore YES X	NO O
9. DATE OF BIRTH    10. AGE (In years      Under 1 Yr. If Under 24 Hrs.	
11. BIRTHPLACE (Stote or foreign country)  12. CITIZEN OF WHA COUNTRY?  13. FATHER'S NAME	7 11 11 11
14A. USUAL OCCUPATION (Give kind al work) 14B. KIND OF BUSINESS OR INDUŞTRY 15. MOTHER'S MAIDEN NAME dopeduling most of Varking life, even if retired)	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no of unknown) (II yes, give wor or dates of service)  17. SOCIAL SECURITY NO.	- Blove
19. CAUSE OF DEATH	APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart lailure, osthenio, etc. It means the disease, injury or complication which caused death.)  Arteriosclerotic cardiovascular disease  (A) IMMEDIATE CAUSE  DUE TO, OR AS A CONSEQUENCE OF:	BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED  21.	
20A. DATE OF OPERATION   20B. CONDITION FOR WHICH OPERATION WAS PERFORMED   21.	AUTOPSY? (Yes ar Na)
<u> </u>	Yes
22B. PLACE OF INJURY (e.g., in or obout 12CC. WHERE DID (II in Boltimore City, give exect local	otian)
22D. TIME (Manth) (Day) (Year) (Hour) 22E. INJURY OCCURRED OF INJURY (APPROX.) WHILE AT WORK 22F. HOW DID INJURY OCCUR?	
I certify that I held an Inquiry Inspection Autapsy and that an this basis, death In my apin resulted fram: Natural causes X Accident Suicide HamicIde Undetermined manner Actual SIGNATURE ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER NAME (Type)  ACTUAL ACTUAL SIGNATURE ASSISTANT MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER AUG	DATE SIGNED
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City town, or of REMOVAL (Specify) 24D. LOCATION (City town, or of REMOVAL (Specify) 24D. LOCATION (City town, or of REMATORY) 24D. LOCATION (City town, or o	M
VS 151-REV. 1/1/68  AUG 12 1968 P. Denty E. Frankling States and Salts and	rorre

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IMPORTANT

FUNERAL DIRECTOR:

ADDRESS 21207 Gertrude Cooke, 1107 Harwall Rd. Catonsville APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If In Boltimore City, give exoct location) and that in (my) (aur) apinian death accurred an the date (City, town, or county) Frederick Ave., Balto. Md. Howard H. Hubbard, 4107 Wilkens Ave. 21229 VS 150-REV. 1/1/68

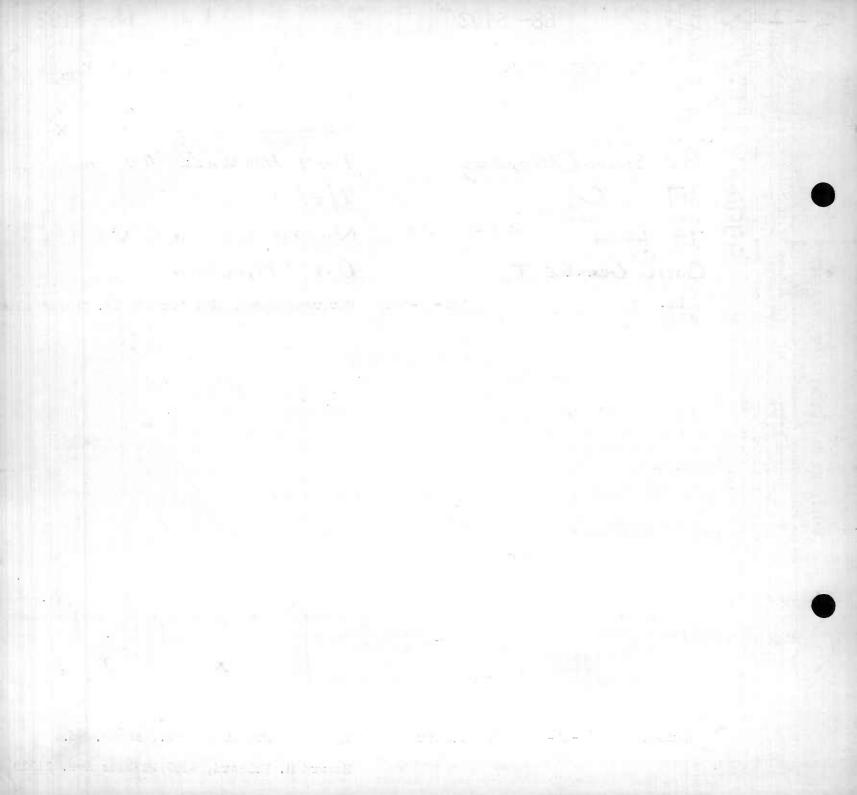
BALTIMORE CITY HEALTH DEPARTMENT

68-8192

NOX

Hours

If Under 24 Hrs.



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3		00-			BALTIMORE CITY HE					00	0100
		MED	ICAL	EX	CAMINER'S	CERTIFIC	CATE OF	DEAT	H.	68-	- 8193
BIRTH NO.									REG. NO.		
1. NAME OF DI	CEASED		MCGLO	THI	IN	2. DATE	Known X	Month	Doy	Yeor	Hour
MARTHA	ALICE		MXXXX			OF DEATH	Estimoted	Augus	st 5,	1968	12:15 P
4. PLACE IN BA	ALTIMORE, MA	ARYLAND, V				3. DATE		Month	Doy	Yeor	Hour
FULL NAME OF	(IF NO	TINHOSPITA	AL OR INST	ITUTIO	ON, GIVE STREET	PRONOU	INCED DEAD	August	5, 196	18	12:15 P
OR INSTITUTION	ADDRI	ESS OR LOCA	IION)			5. USUAL RE					before odmission)
3						A. STATE			B. COUNTY	3	pm
	Baltimo	ore Ger					yland		4.6	1.	J 2 - 00
6. SEX	7. RACE		8. MARR	IED L	NEVER MARRIED	C. CITY OR	TOWN		D. INSIDE CI	TY LIMITS?	
fema1	e wi	hite	WIDOW	/ED	DIVORCED 🔀	Balt	imore		YI	ES X	NO 🗌
9. DATE OF BIR	TH	10.AGE (In	yeors	If Un	der 1 Yr. If Under 24 Hrs.	E. STREET A	ND NUMBER				
Sept. 21	1. 1903	lost birthdo	y)	Monii	ns Doys Hours Min.	1,90/	4 Brookwo	od Dond			
II. BIRTHPLACE				12. C	ITIZEN OF	13. FATHER		ou Road			
					HAT COUNTRY?						
Vir	rinia	11-1-1-1-1	LAR MINIS	0	USINESS OR INDUSTR	Cha	rles Web	b			
done during most o	working life, ev	en ifretired)	140. KIIAD					INE			
House	vife				Home		XXXXXXXX	Lavie V	Virgini	a_Bell	e Hite
16. WAS DECEA	SED EVER IN	U.S. ARMED	FORCES	?	17. SOCIAL SECURITY NO.	18. INFORM	ANT		A	DDRESS	
NO NO	in yes, give	wor or dores	Or service)		SECORITE NO.	Fami	lv			5	Same
19. //	2.2				CAUSE OF DEA					AF	PPROXIMATE INTERVA
41	2.21									BETW	WEEN ONSET AND DEA
DISEA	SE OR COND		CTLY		Hypert	ansizza (	Cardiovas	cular D	rease		
/This days	not mean the				(A) IMMEDIATE C	AUSE	Jararovas	culat D	126026		
heart follu	re, osthenio, etc	. It meons the	diseose,		DUE TO, OR	AS A CONSEQ	UENCE OF:				
injury or co	omplication whi	ch coused de	oth.)								
	ANTECEDENT	CAUSES			(0)						
DISEASES	OR CONDITI	ONS. IF ANY	, GIVING		DUE TO, OR	AS A CONSEC	UENCE OF:				
RISE TO T	HE ABOVE CA	USE (A) STAT	TING THE							W 1	
		TOTT LAST.			(C)						
OTHER SIGN TO THE DISEASE CO.	X	11									
OTHER STO	NIFICANT COL	NDITIONS CO	THE TERM	INAL							
DISE ASE C	R CONDITION	GIVEN IN P	ART 1 (A).								
20A. DATE	OF OPERATIO	N 208. COI	NOITION	FOR \	WHICH OPERATION W	AS PERFORM	ED			21. AUTO	OPSY? (Yes or No)
0										1	No
Z 22A. EXTE	RNAL CAUSE	WAS		22B. P	LACE OF INJURY(e.g.,	in or obout 2:	2C. WHERE DID	(If In Soltimore	e City, give exc		
UNDERIVIN	G OR CON	ITRIB-		home,	form, foctory, street, offic	e bldg., etc.) IN	NJURY OCCUR?			,	
UTING C	AUSE OF DEA		· /!!-	1 120	E INITION OCCUPATE	2	2E HOW DID 15	IIIIDV OCCU	IDO		
OF INJURY	(Monin) (L	Doy) (Yeo	(Hour	1	HILE AT NOT	WHILE C	2F. HOW DID IN	NJURT OCCU	rk!		
(APPROX.)				m. W	ORK AT W	ORK					
23.				7	Com.						
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resu	Ited from: N	latural cou	ses XX	Ac	cident Suicio	le Ho	micide 🗌	Undetermin	ed monner		
	1 1			/			HIEF MEDICAL				
ACTUA	1 ////	5110	/1	_	~2~		STANT MEDICAL		IXI		DATE SIGNED
SIGNA	TURE VIEW	110	YM	-	M.D				ET.		0/6/60
EXAMI NAME		Werne	r U.	Sp	tz, M.D.	ASSO	CIATE MEDICAL	EXAMINER			8/6/68
24A. BURIAL CR	EMATION,	248. DATE		240	NAME of CEMETERY	or CREMATO	RY 24D	LOCATION	(City, low)	n, or county	) (Stote)
REMOVAL (Spe		8 9 (	Q								
Burial		8 8 68				metery				irgini	la
25A. DATE REC'	D BY HEALTH	DEPT.	25B. N.	AME	OF REGISTRAR	25C. F	UNERAL DIRECT	TOR FIX	4 A	DDRESS	
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VS 151-REV. 1/1/	6B					24					

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VS 150-REV. 1/1/68

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VS 150-REV. 1/1/6B

BALTIMORE CITY HEALTH DEPARTMENT

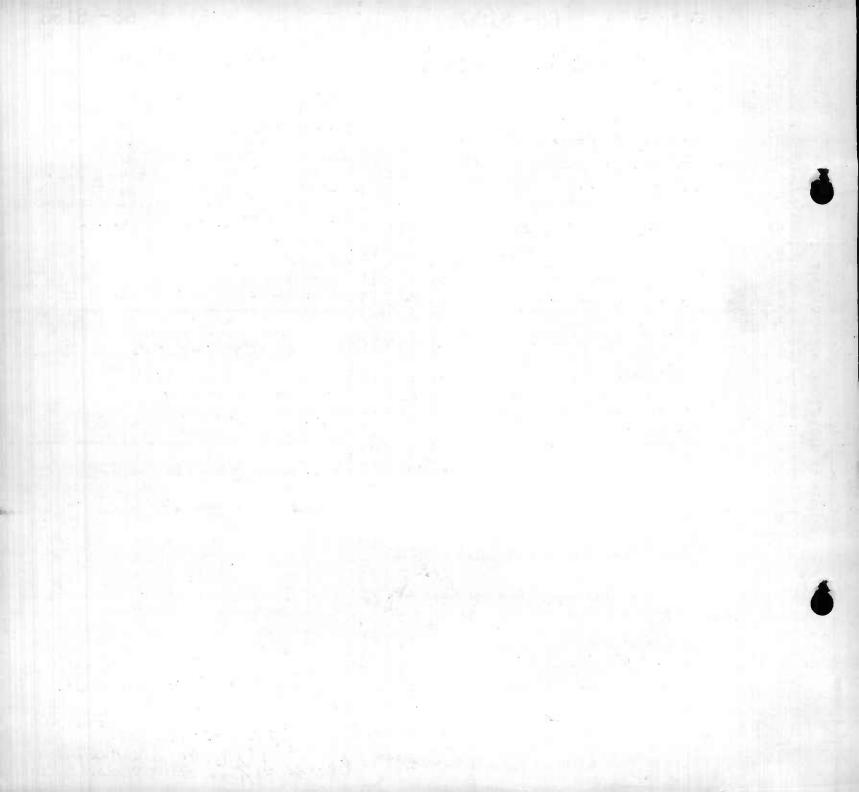
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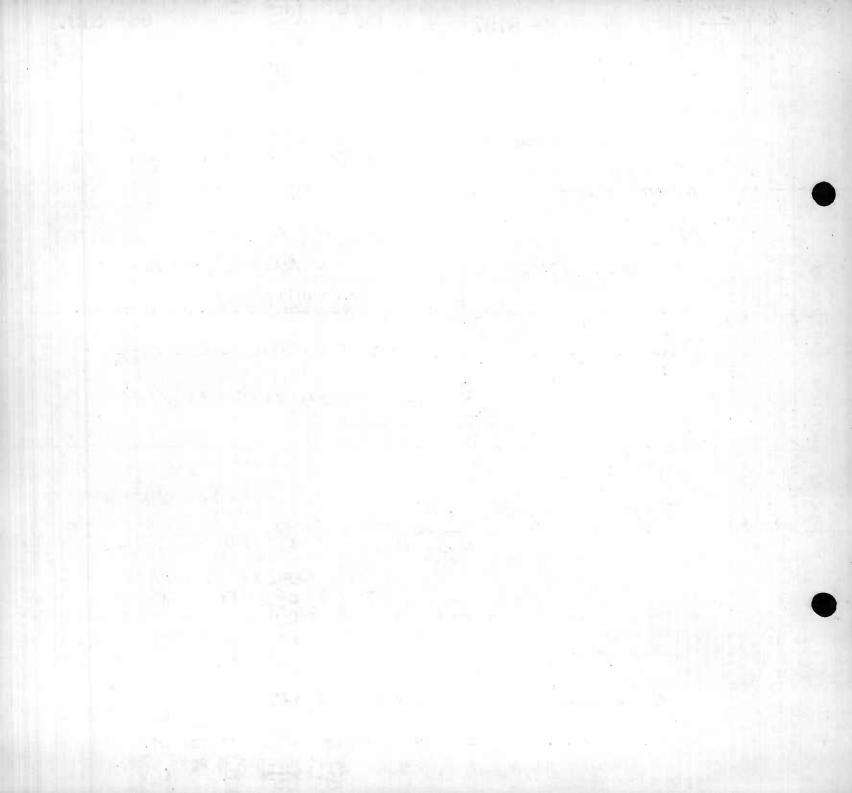
IMPORTANT

FUNERAL DIRECTOR:

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AB-51-83-90 ]	1	4-152 68-8196	BALTIMORE CITY	HEALTH DEPARTMENT		00 0400
75705	21	68-8196	CERTIFICA	TE OF DEATH	REG. NO	68- 8196
death death eased in the Such	1.	NAME OF DECEASED HENRY HOPME	CISTER	2. DATE AND	HOUR OF DEATH	
oital and of death Deceased e on the	(Τ)	re or Print) Henry H. Hofmeis		8/8	168 8=	P.M. M.
	3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCE	ED DEAD	4. USUAL RESIDENCE (Where		titution: residence before admission)
hosp ise (5) and dec	F	JLL NAME OF (IF NOT IN HOSPITAL OR INSTITUTIO	ON, GIVE STREET	Md.	2 6	08
2 1, 7	II.	OSPITAL OR ADDRESS OR LOCATION)  JOHNS HOPKINS HOSPITAI		C. CITY OR TOWN	D. DISID	DE CITY LIMITY
E 3 + L	B	Johns Hopkins Hosp		E STREET AND NUMBER		YES NO
7 5 0 8.5		601 NORTH BROADWAY, BALTIMORE, M			BARD STREET	21224
				B. DATE OF BIRTH 9.	AGE (In years	If Under 1 Yr. If Under 24 Hrs.
frib min gul		Male White WIDOWED	DIVORCED	4-26-1908	si birthday)	Months Days Hours Min.
red red		A. USUAL OCCUPATION (Give kind of work 108, KIND OF BU	SINESS OR INDUSTRY		country)	12. CITIZEN OF WHAT COUNTRY?
de de de	do	LABORER BAINBR	IDGE CO.	MARYLAND, BAL	TIMORE	U.S.A.
if de set of of the set of of the set of the	13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
		John HOFME	ISTER	MAGDALENALENA J	OHNSON	
AN Stant ind; eath e on	113.	Was Deceased Ever in U. S. Armed Farces?	SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
The kink de de ce			20-05-3303	RECORDS: BCH-4940	EASTERN AV	ENUE 21224
IMPORTANI or his assistant Also, if the dir s of any kind; ( ounced death intendance on		18. 45 O X I	CAUSE OF DEATH			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
his lso, of a unce	,	DISEASE OR CONDITION DIRECTLY				
or h Also	)	LEADING TO DEATH (This does not mean the made of dying, e.g.,	(A) IMMEDIATE CAU	SE Pulmonar	y embel	uS
		heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.)	DUE TO, OK AS A	CONSEQUENCE OF:	Ч	THE PARTY OF THE P
OR.		ANTECEDENT CAUSES				
CTC Kam A fr	5	DISEASES OR CONDITIONS, if any, giving	(B)DUE TO, OR AS	A CONSEQUENCE OF:		
DIRECTOR: ical examiner al examiner s; (3) A fractu ctian who pre tian in regular		rise to the above cause (A) stating the UNDERLYING CONDITION last.	(6)			
DI al			(C)			
AL DI medica ledical burns; hysicia n was	Z	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	hear	+ failure,	Accest	
UNERAL  chief mec y a medi y a medi body bur the phys	.   4					
od sice	FRTIFIC	19A. DATE OF OPERATION 19B. CONDITION FOR WHI	CH OPERATION	20A. AUTOPSY? (Yes or No)		INDINGS CONSIDERED
FUI by (2) B	2 2	2 2 A. ACCIDENT WAS UNDERLYING 2 21B. PLA	ACE OF INJURY (e.g., ir	or about 21C. WHERE DID	(If in Baltimore	City, give exact location)
+ = 0 0 0	0   4	OD CONTRIBUTING CALLSE OF Thomas	form, foctory, street, off	fice bldg., INJURY OCCUR?		
kh, kh,	3   2	21D. TIME (Month) (Day) (Year) (Hour) 21E, IN	JURY OCCURRED	21F. HOW DID INJUI	RY OCCUR?	
hosp hosp rept d (6)	NED IN	(APPROX.) While Work	At   Not While At Work			
y n XCe	2	22. I certify that (I) (this hospital) attended the		104 8 19	68 to Ju	ly 8 19 68.
Q+ E 0	)	that (i) (we) last saw the deceased alive an	1.048	A .		ian deoth occurred on the dote
4 0 9 = 7		ond hour and from the couses stated above. (i)	We) (did) (did not) v		(), (,	
ust be tased dent ospit	ŝ	23A. SIGNATURE	10,7			23B, DATE SIGNED
3 6.2 5		Carmer Darage	Dhar	nding Med. St	haff hys.	8/8/68
0 - 0 >		23C.PHYSICIAN'S CAROLE DORSCH	UEGKEE	23D. ADDRESS		,
was An An prio	24	Carole Dorsch	25025	Johns HOPK	BROADWAY B	PITAL MD.
certification (Section 1997) Section (1997) Control (1997) Section (1997) Control (1997) Section		A. BURIAL CREMATION, 24B, DATE 24C, NAMI	E of CEMETERY OF CRE	MATORY 24D. LOC	CATION (City	town, or county) FALTO, (State)
body ws: (		BURIAL 8-12-68 00	AK LAWN	I CEM. 7825	EASTERN	BIND WC
This certif the body shows: (1) was D.O.	25	A. DATE REC'D BY HEALTH DEPT. 258 NAME OF I	REGISTRAR A	25C. FUNERAL DIRECTOR		CONKA PARS ST
### 3 p 3		400 12 1909 (Print	C, White	lakores Aig	eler 901 S	TO,,2/204, MD.
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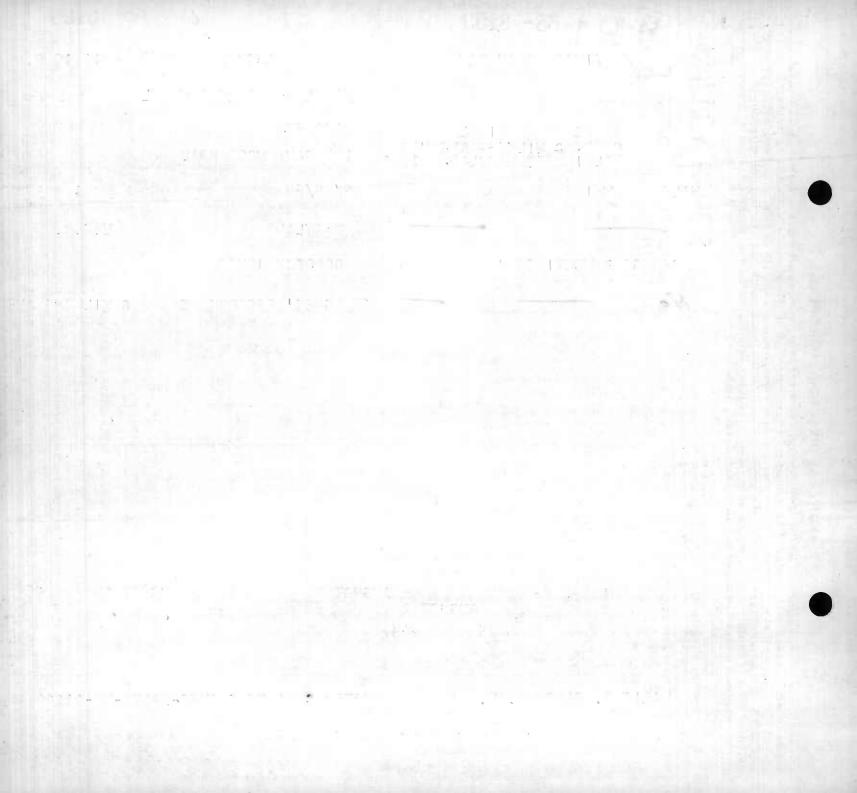




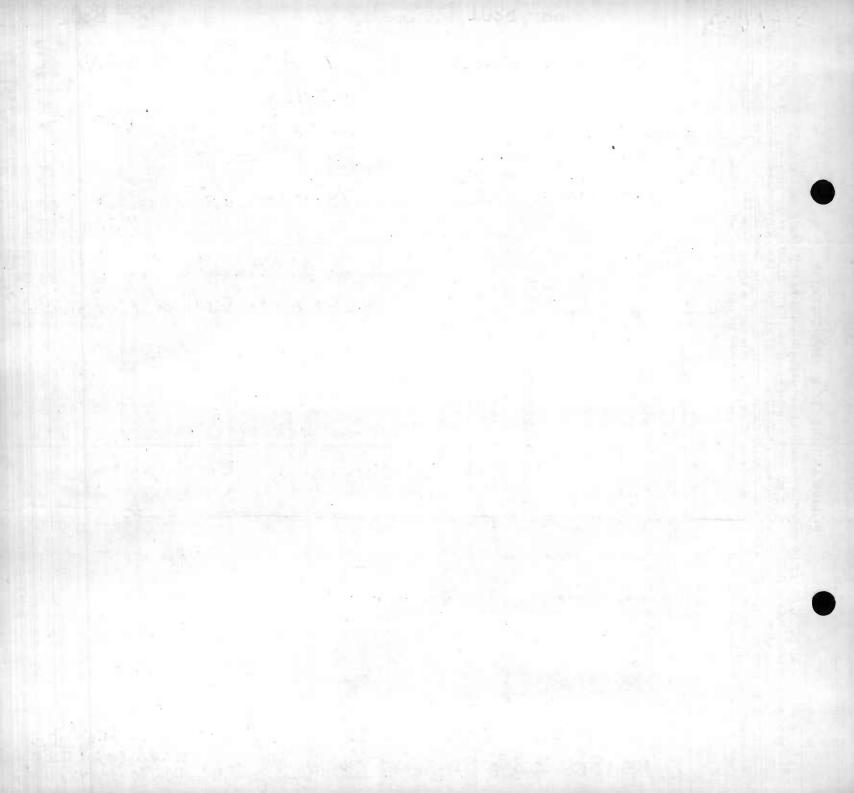
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BALTIMORE CITY HEALTH DEPARTMENT



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VS 150-REV. 1/1/68

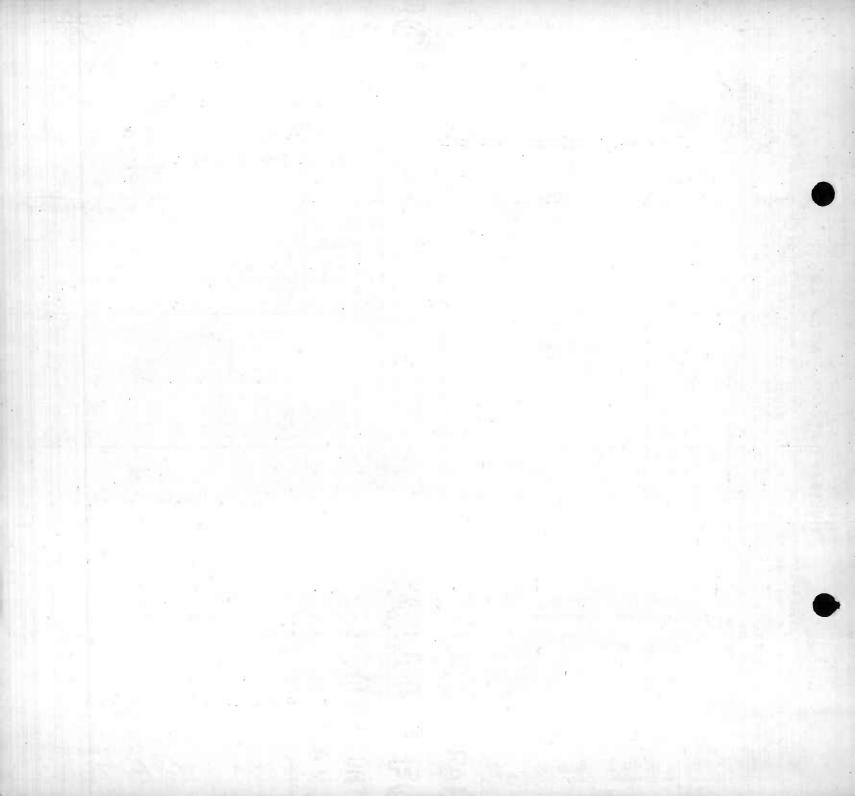
25B. NAME OF REGISTRAR

Such

	BALTIMORE CITY	HEALTH DEPARTMENT		00 0000
BIRTH NO.	3202 CERTIFICA	TE OF DEATH	REG. NO	68- 8202
1. NAME OF DECEASED (Type or Print) COHEGAN	Joseph		SPM S	15/1968
3. PLACE IN BALTIMORE, MARYLAND, WHERE	RONOUNCED DEAD	4. USUAL RESIDENCE (WA. STATE B. CO		nstitution: residence before admission
FULL NAME OF (IF NOT IN HOSPITAL OR ADDRESS OR LOCATION)	INSTITUTION, GIVE STREET	Maryland C. CITY OR TOWN	Baltimor	CITY LIMITS?
The Johns Hopkins H	ospital	Baltimore E. STREET AND NUMBER		EE NO D
33			zerne Ave.	
1 7	RRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH 2-23-13	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10 B. KI		11. BIRTHPLACE (Stote or I		12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME		14. MOTHER'S MAIDEN N	IAME	
BENJAMBN		VERDI.L	AC NAMI	AAA.
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of se	16. SOCIAL SECURITY NO.	17. INFORMANT		N. Luzeane Ave
18. 7 / 6. 1	CAUSE OF DEAT	H CLEW O COL	TOAN SOY	APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY				BETWEEN ONSET AND DEATH
LEADING TO DEATH	(A)IMMEDIATE CAL	ISE Hepatic	Comme	La La L
(This does not mean the mode of dying, heart failure, asthenia, etc. It means the di	e.g., DUE TO, OR AS	A CONSEQUENCE OF:	- YOMA	
injury ar camplication which caused death.				
ANTECEDENT CAUSES	(B) GJ	Hemore A CONSEQUENCE OF:	hage t	2 days
DISEASES OR CONDITIONS, if any,		A CONSEQUENCE OF:		
rise to the above cause (A) stating UNDERLYING CONDITION last.	g the (c)	irrhosis		Probyers
_381.0 II	(=/************************************			
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO THE TERM DISEASE OR CONDITION GIVEN IN PART.) [A].				
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMEN		Yes	No) 20B, IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., i home, form, foctory, street, of etc.)	n or obout 21 C. WHERE DID ffice bldg., INJURY OCCUR	(If In Boltimo	re City, give exoct location)
ZID. TIME (Month) (Day) (Year) (Hour APPROX.)	While At Not While Work At Work	• 🗆	INJURY OCCUR?	
22. I certify that (I) (this hospital) atter	nded the deceased from	2111	19 (38 to	2/5/ 19/08
that (I) (we) lost sow the deceased aliv	e on 8/5/		that in (my) (our) op	inian deoth occurred on the dot
and hour and from the couses stated about 23A, SIGNATURE	ove. (I) (We) (did) (did not) v	riew the body ofter deot	h	ICON DATE CICALED
23A. SIGNATURE	Atte	ending Med.	Staff \CZ	23B. DATE SIGNED
Mare hepp	DEGREE Phy	s. Director	Staff Phys.	0.3/68
23C. PHYSICIAN'S NAME (Type)	MIS	23D. ADDRESS The John	ns Hopkins	Hospital
24A. BURIAL CREMATION, 24B. DATE	24C. NAME of CEMETERY OF CRI			City, town, or county) (State)
BUDIEL Elele	Spripped HeAB	TC+1 1	BA FIRMOR	e un

BOUBROWSE

ADDRESS



VS 151-REV, 1/1/6B

68- 8203 BALTIMORE CITY HEALTH DEPARTMENT

-					
	MEDICAL	<b>EXAMINER'S</b>	CERTIFICATE (	OF	DEATH
				_	PEG NO

	WEI	DICAL	EXAMINER'S C	CERTIFIC	ATE OF	DEAT	TH REG. NO.	68-	820:	3
BIRTH NO.										
NAME OF DEC	CEASED			2. DATE	Knawn	Manth	Day	Year	Haur	
ype or Print)	SARAH	PRAYLO	W	OF DEATH	Estimoted					M.
PLACE IN BAL	TIMORE, MARYLAND,	WHERE PRO	NOUNCED DEAD	3. DATE		Month	Doy	Yeor	Hour	
ULL NAME OF			UTION, GIVE STREET	PRONOUN	VCED DEAD	Marr		Q	11.02	٨
OSPITAL OR INSTITUTION	ADDRESS OR LOC	CATION)			SIDENCE (When	May deceosed			11:02 before odmiss	
O C Eas	st Falls & Pr	residen	t Streets		Maryland		B. COUNTY		5	1
SEX	7. RACE	B. MARRIE	D NEVER MARRIED	C. CITY OR T	OWN		D. INSIDE	ITY HMES?		1
Female	Negro	WIDOWE			Baltimor	e	· Y	ES X	NO 🗆	
DATE OF BIRT	H 20 10. AGE last birthd	lay)	If Under 1 Yr. If Under 24 Hrs. Manths, Days, Haurs, Min.	E. STREET AN	1047 N.	Aisau	ith Stre	et		
1. BIRTHPLACE (S	State or foreign country)		2. CITIZEN OF	13. FATHER'S		n	(( 0.0			
5.0	d		WHAT COUNTRY?	AL	EN	Cof	TINH			
A.USUAL OCCU	PATION (Give kind of war	k 14B. KIND	OF BUSINESS OR INDUSTRY	15. MOTHER	S MAIDEN NA	ME 5				
one during most of v	warking life, even if retired	"		HN,	NIE					
	ED EVER IN U.S. ARMI		17. SOCIAL	IB. INFORM	ANI	7	A A	DDRESS		0.00
es, no or unknown	(If yes, give wor or date	s of service)	SECURITY NO.	US ARA	tha t	naut	8 Me	1/4	will.	176
19.	5-41X		CAUSE OF DEA	TH		1			PPROXIMATE IN	
DISEAS	E OR CONDITION DIR	ECTIV	Found is	n water	presumed	drow	ned			
	LEADING TO DEATH	LCILI			presumee	. alow.				
	not mean the made of	dvina, e.a.,	(A)IMMEDIATE C	S A CONSEQU	ENCE OF:					
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miloty of cor	implication which caused a	e uii.)								
A	NTECEDENT CAUSES		(B)							
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DISEASES RISE TO THE UNDERLYING TO THE DEL DISEASE OF LOSEASE OF L	OR CONDITIONS, IF AIE ABOVE CAUSE (A) ST NG CONDITION LAST.  IN INFICANT CONDITIONS (A) THE NUT NOT RELATED TO RECONDITION GIVEN IN FOPERATION 20B. CONTRIB-LUSE OF DEATH.  (Month) (Doy) (Yet of the first that I held an ted fram: Natural country that I held an ted fram: Natural count	CONTRIBUTION FOR THE JERMIN PART I (A).  CONDITION F  Inquiry   Jauses   S S. Sp.	OR WHICH OPERATION WARDS OF INJURY (e.g., ome, form, foctory, street, office water    22E.INJURY OCCURRED   NOT AT WORK   AT WORK   AT WORK   AU Suicide or ingate, M.D.	AS PERFORME  In or obout 22 e bldg., etc.) IN  WHILE X tapsy X  In X ASSIST	C. WHERE DID JURY OCCUR? E. Falls F. HOW DID IN Apparent and that an anicide  hicide  HIEF MEDICAL TANT MEDICAL CIATE MEDICAL	S & Pr  IJURY OCC  Ly jum  This basis  Undeterm  EXAMINER  EXAMINER	esident CUR?  ped into , death in my nined manner	Sts.  water apinlan Augus	DATE SIGN	NED 968
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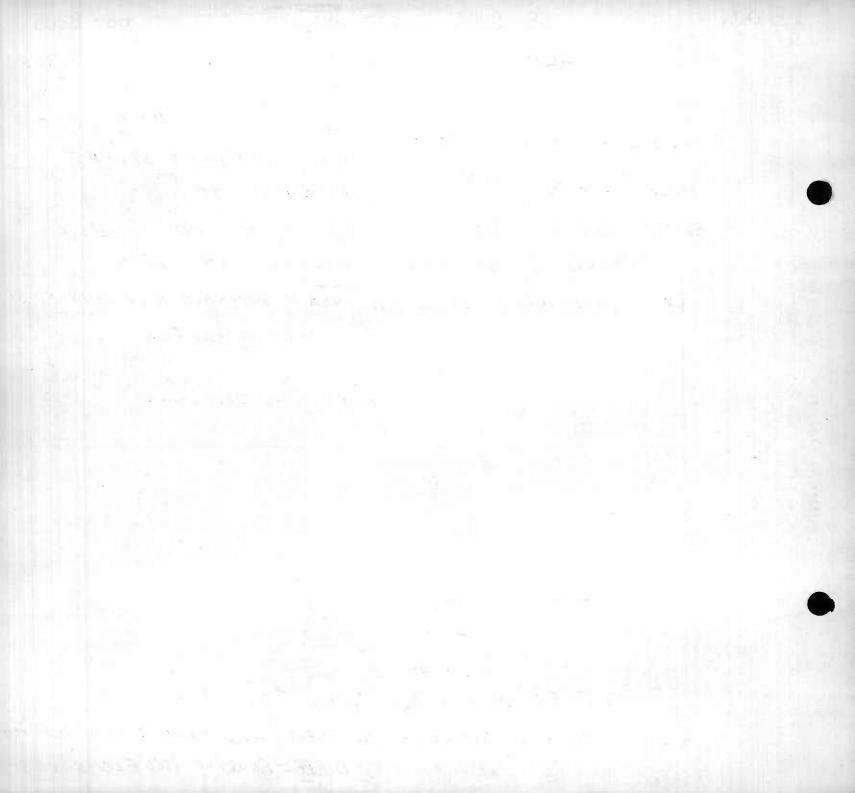
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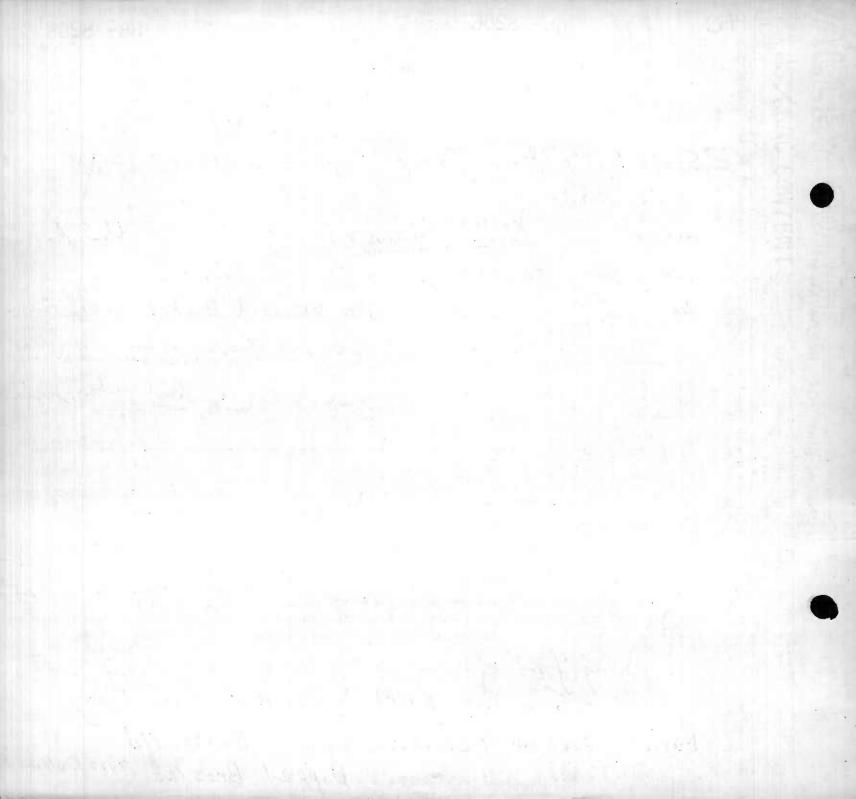
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14 121 BALTIMERE TIDAY JOHNS HOPKINS MISPITAL GOC S. MONTFORM AUE, 8/21/75 /200 M. CAUCHERN 93333131 SIECE Yes work and the second of the Albendance Inchesions of the BUSCA 21/2 29 2/3 Marked D. Tut. 40. 8/10/8 NOT DOM TO TRUE MICHAEL D. LUTZ. PLD.

	00 0	BALTIMORE CITY	HEALTH DEPARTMENT		00 000-
BIR	TH NO.	3205 CERTIFICA	TE OF DEATH	REG. NO	68-8205
	AME OF DECEASED  De or Print)  ALPHO.	NSE C BANK	ARD SR AU	16 10 1968	2:30 Pm
. 3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRO			deceased lived, if inst	itution: residence before admission)
HC	LL NAME OF (IF NOT IN HOSPITAL OR IN SPITAL OR ADDRESS OR LOCATION)	STITUTION, GIVE STREET	C. CITY OR TOWN	ND D.	City LUMIS?
	1915 E LOMBARD	STREET	BALTIMORE E. STREET AND NUMBER		STREET,
5, 5	EX 6. RACE 7. MADE	IED NEVER MARRIED			
	MALE WHITE WIDOW	VED DIVORCED	APR 30 1898	70	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min,
	USUAL OCCUPATION (Give kind of work 10B, KIN)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreig	n country)	12. CITIZEN OF WHAT COUNTRY?
R	ETIRED FIREMAN	BALTO CITY	BALTIMORE		U.S.A.
13.	FATHER'S NAME  TACOB T	BANKARD	14. MOTHER'S MAIDEN NAM WILHELM	INA LI	INK.
15.	Wos Deceosed Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
(Te	YES WORLD WAR 1	217-32-9021	ANNA M. BA	NKARD 191	SE LOMBARD ST
	18. 1/10,91	CAUSE OF DEATH	Jax 1.	10	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY	alute 1	hyveroral &	fatation	2462
	LEADING TO DEATH  (This does not meen the made of dying,	(A)IMMEDIATE CAU	SE	/	1 / 20.
	heart failure, asthenio, etc. It means the dise		CONSEQUENCE OF:	-4-1-	A. U.
	injury ar complication which coused deoth.)	are	in Alchors	allocks	19 70
	ANTECEDENT CAUSES	(B) CYL-	onie Myor	ortitis	' //
	DISEASES OR CONDITIONS, if ony, girise to the above cause (A) stoting	,,g	A CONSEQUENCE OF:		
	UNDERLYING CONDITION last.	(c)			
	420,1 11				
ō	OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMIN				
CAT	DISEASE OR CONDITION GIVEN IN PART 1 (A).	100000000000000000000000000000000000000	130 A	000	
ERTIFIC	19A-DATE OF OPERATION 19B. CONDITION F	OR WHICH OPERATION	20A. AUTOPSY? (Yes of No)	IN CERTIFYING CAUS	NDINGS CONSIDERED SES OF DEATH?
CALC	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, off etc.)	n or obout 21 C. WHERE DID fice bldg., INJURY OCCUR?	(II In Boltimore	City, give exact location)
MEDI	21D.TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.)	21E. INJURY OCCURRED  White At Not While	21F. HOW DID INJU	RY OCCUR?	
		Work L At Work		0	60
	22. I certify that (I) (this hospital) attend that (I) (we) last saw the deceased alive	1.6110 C	16	t in (my) (aux) oplni	on death occurred on the date
	and hour and from the causes stated abov	e. (1) ( (did) (did not) v	iew the body ofter death.		
	23A. SIGNATURE	40	•		23B. DATE SIGNED
	100	MD Atter		Staff Dhys.	8/12/18
	23C. PHYSICIAN'S	DEGREE	23D. ADDRESS	ilys. —	1,160
	NAME (Type) TT FF INN	2105 141	200 - 5K	2-11 DY	-
244	BURIAL CREMATION, 24B. DATE 24	C NAME OL CEMETERY: OF CRE	MATORY 24D. LO	CATION (Gity	, town, or county) (State)
	REMOVAL (Specify)	Hall non north			R RO BADO MD
25.4	BUR 1AC AUG 14 1968		IER CEM 44	30 DE -111	
25 A	AUG 12 1968 P. P.	ME OF REGISTRAR	1ER CEM 44 2SC. FUNERAL DIRECTOR D'IPPEL BRU	SINC 1800	ELOMBARD ST
111	AUG A G ROWE LULAKA		0.1.		



BALTIMORE CITY HEALTH DEPARTMENT



VS 150-REV, 1/1/6B

BALTIMORE CITY HEALTH DEPARTMENT

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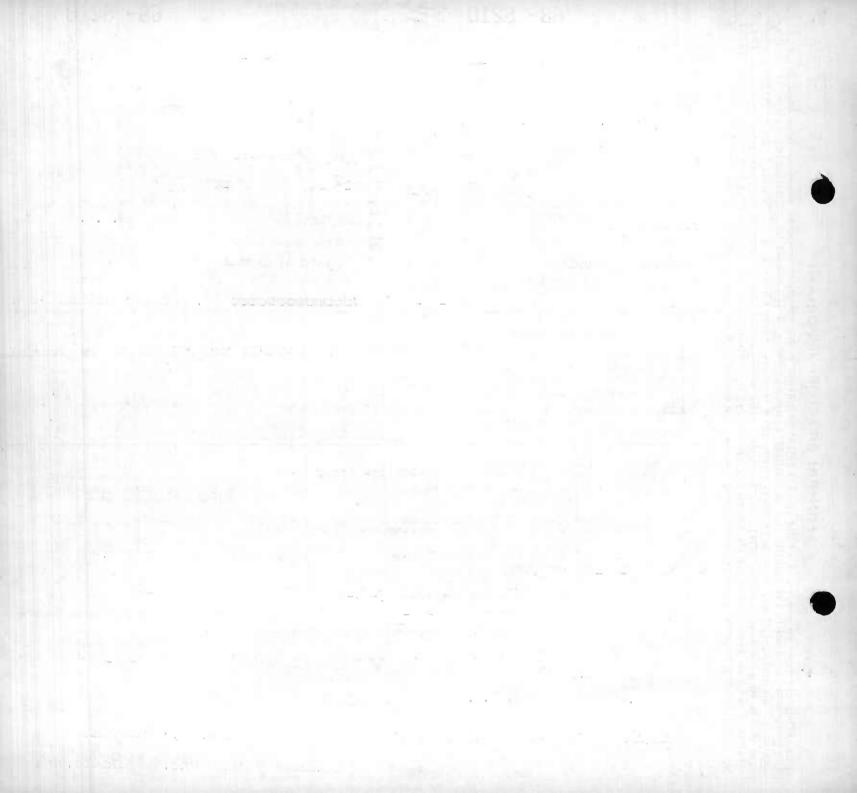
			HEALTH DEPARTMENT		0000
RID	TH NO. 68-8	209 CERTIFICA	TE OF DEATH	REG. NO	68- 8209
1, N	AME OF DECEASED			HOUR OF DEATH	
(Тур	Griffen Osceol	a	Aust	ust 7.14	68   8 Pm
3, 1		ONOUNCED DEAD		deceased lived. If insti	tutian: residence befare admission)
			41 4 50	1 4	
HC	LL NAME OF (IF NOT IN HOSPITAL OR IN ADDRESS OR LOCATION)	ISTITUTION, GIVE STREET	C. CILY OR TOWN	fundre city	CITY LIMITS?
	RAIFICATE AM	ENDED	B. M.	J. 114319	VEC DO NOTE OF
1	UNION MEMORIAL F	LOSPITAL. 1996)	E. STREET AND NUMBER		2
4	O MEMORINE !	COSPIIAL. / /el	1 1 2 17	niversity	
5. S	EX 6. RACE 7. MADE	RIED NEVER MARRIED		1	If Under 1 Yr. If Under 24 Hrs.
	- make	NED NEVER MARKIED	TOAT las	t birthdoy)	Manths Doys Haurs Min.
Anı	USUAL OCCUPATION (Give kind of wark 10B, KIN	WED DIVORCED DIVORCED	11 BIRTHPLACE (State of foreign	country)	12. CITIZEN OF WHAT COUNTRY?
	during mast af warking life, even if retired)		A A	Cooming	
	House wife	None.	Maryland	•	USA.
13.	FATHER'S NAME Archibald Ca	steele	14. MOTHER'S MAIDEN NAME	A 01 1	
	Hack buld Cast w	ele-	Margare	t Sterlu	
15.	Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	Margare 17. INFORMANT 2 patient	111	ADDRESS
(Yes	i, no ar unknawn) (If yes, give war ar dates af serv	2/5-34-652	z patient	5 husban	1.
	No	CAUSE OF DEATH	•		APPROXIMATE INTERVAL
	18.436,9 17250,	TO CAUSE OF DEATH			BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		n		1445 mm
	(This daes not mean the mode of dying,	e.g., (A) IMMEDIATE CAUS	CONSEQUENCE OF:		/m/> m~
	hearl failure, asthenia, etc. It means the dise injury ar camplication which caused death.)		CONSEQUENCE OF:		
	ANTECEDENT CAUSES				
		(B)			
	DISEASES OR CONDITIONS, if any, gi	· · · · · ·	A CONSEQUENCE OF:		
	UNDERLYING CONDITION last.	(c)	••••••		
	3311			<del></del>	
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTI		be tes.		11. 6
ATI	TO THE DEATH BUT NOT RELATED TO THE TERMIN	NAL UE			an en our
FIC	WAS PERFORMED	FOR WHICH OPERATION		20B. IF YES, WERE FIR	IDINGS CONSIDERED
ERTIFI	) No		No		
0	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., in hame, farm, factory, street, aff	or about 21C. WHERE DID	(If in Baltimore	City, give exact lacation)
CAL	DEATH (natify medical exominer)	etc.)			
_	21D.TIME (Month) (Day) (Year) (Haur)	21E. INJURY OCCURRED	21F. HOW DID INJUR	Y OCCUR?	
×	OF INJURY (APPROX.)	While At Not While			
	to the same	Wark At Wark	A A	10	. 7 . 10
	22. I certify that (T)(this hospito)) ottend	•/1	. 1	68 10 A	uf 7 1968.
	thot (we) lost sow the deceased alive			In (my) (our) opini	on deoth occurred on the dote
	ond hour ond from the causes stoted above	ve.(1)(We) (did)(did not) vi	ew the body ofter deoth.		
	23A. SIGNATURE		/		3B. DATE SIGNED
	Kua Bloc	10V) Phys	ding Med. SN		44 7,1968
	23C. PH SICIAN'S	- CAREE	3D. ADDRESS	1	
	NAME (TYPE BOLAN) DE RECO	K. La	THE MAPPEN MER	ALGRI ALGO	DITAL
244	DR. UBRITAN BLOCK	C. NAME of CEMETERY OF CRE	MATORY 24D, LOC	TORYAL740S	
244	REMOVAL (Specify)	CHANGE OF CEIVIEVERT OF CRE	Pa 245. 100		town, or county) (State)
	Burial 8/10/68	Brud Killy	e cemi Pr	kewil	le, 17d.
25A	DATE REC'D BY HEALTH BEPT. 1 258. NA	ME OF REGISTRAR	25C. FUNERAL DIRECTOR	- 14	ADDRESS
	400 12 1968 (1) Pul	5 E, Jankey MA	Um. 4.12	chner	Sout pollo
VS	150-REV. 1/1/6B		7		- MA

8/28/68 - Correction form from funeral

BC. of child born 1/2/19--B 67207--age of mother 27 at last birthday.

director.

Afe



Hours 12. CITIZEN OF WHAT COUNTRY? APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 20 A. AUTOPSY? (Yes at Na) 20 B. IF YES, WERE FINDINGS CONSIDERED (If In Boltimore City, give exact location) and that in (my) (aur) apinion death accurred on the date 23B, DATE SIGNED

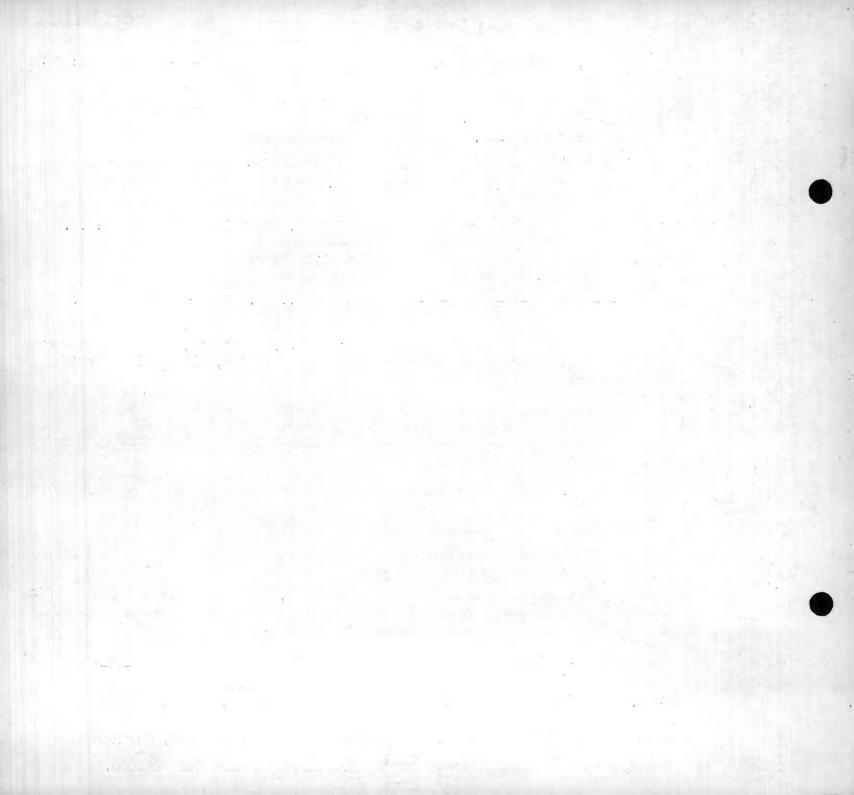
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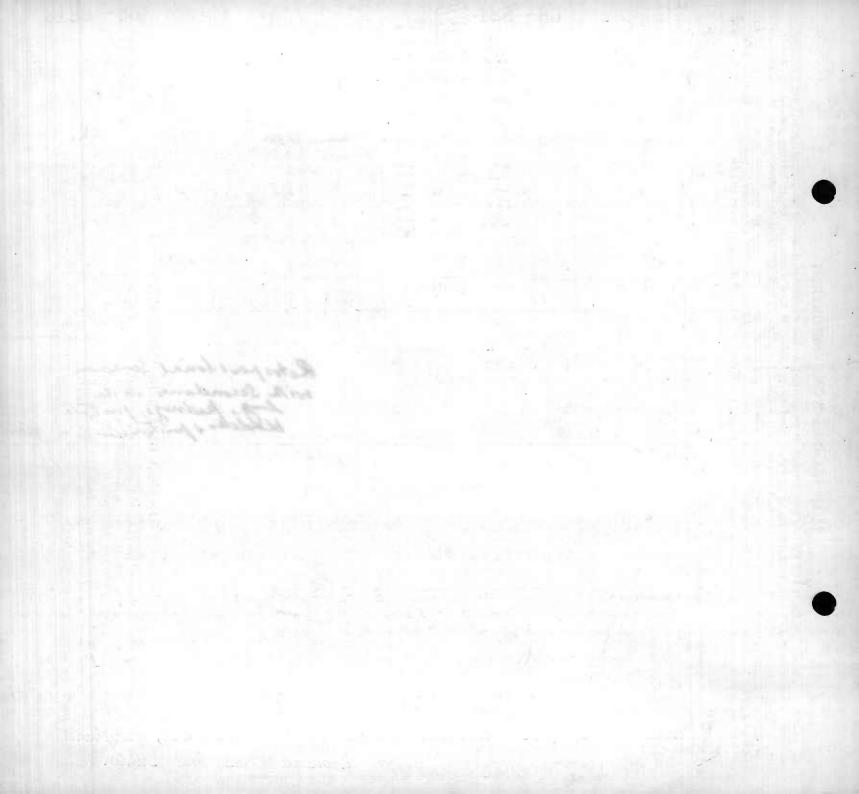
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FUNERAL DIRECTOR:

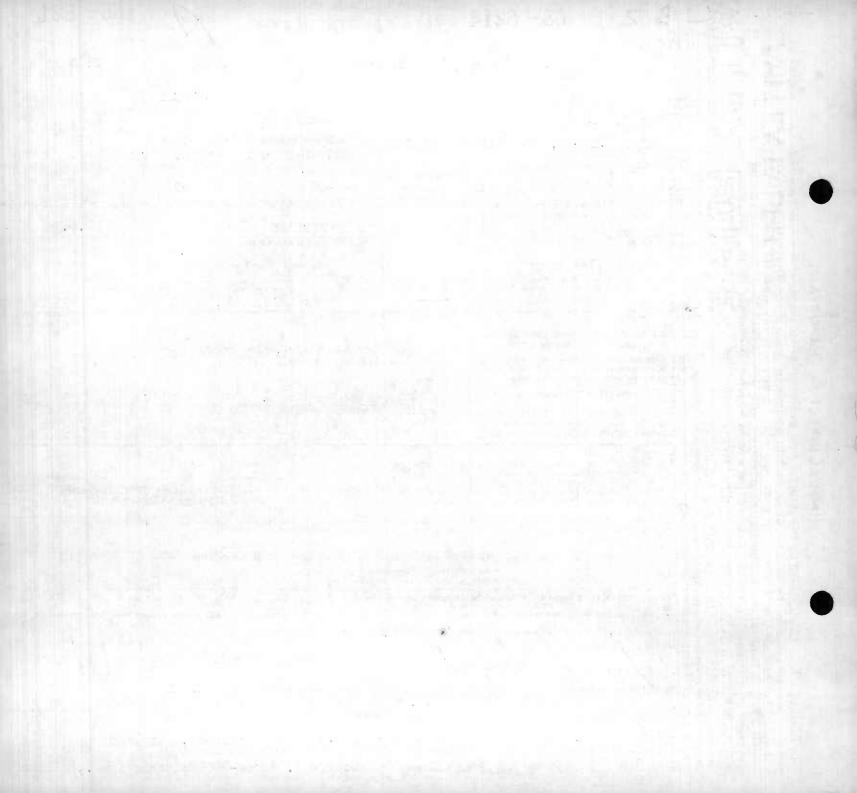
BALTIMORE CITY HEALTI

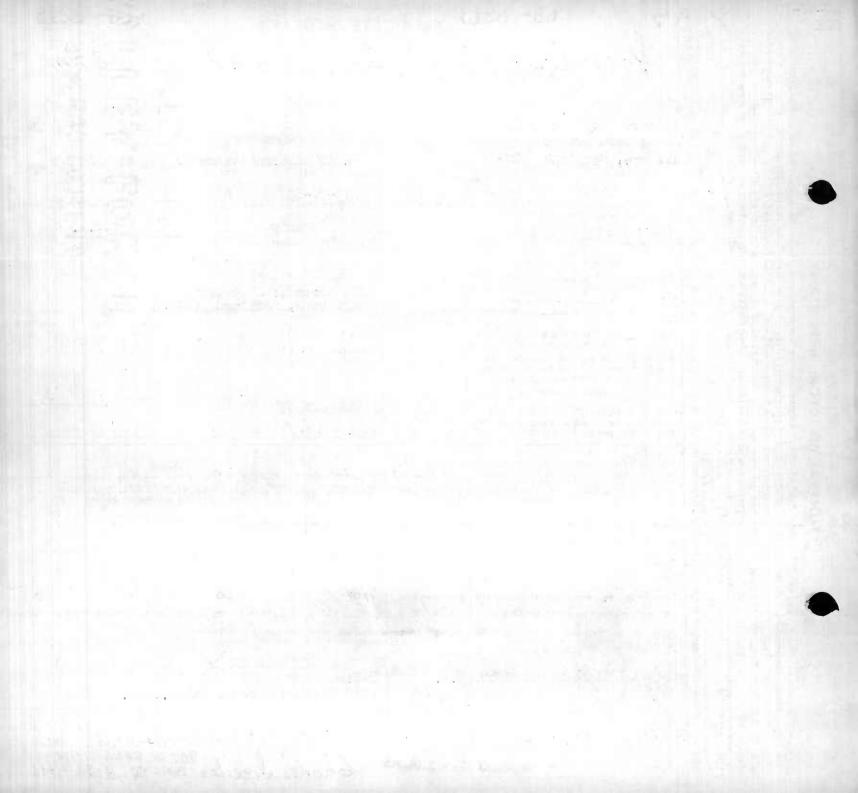
DEPARTMENT		00	0040	
F DEATH	REG. NO	00-	8212	
2. DATE AND	HOUR OF DEATH			
	8-10-68		4:35	
E 8. COUNT	deceased lived. If in	stitution: resid	ance before on	mis sion)
vland ok rown	ID. INSI	DE CITY LINE	IS?	
timore	Vac-	YES 🔀	NO 🗌	
ET AND NUMBER				
Mary Avenu	ie			
27/97	. AGE-(In years ost birthdoy) 71	If Under 1 Months Do	Yr. If Under	24 Hrs. Min.
PLACE (State or foreig	n country)	12. CITIZEN	OF WHAT C	OUNTRY?
dwell, Virgi		U	.S.A.	
HER'S MAIDEN NAM	E			
elia Evans				
RMANT Rec	cords	A	DDRESS	
Balto. Md.		Raven E	lvd. 21	218
,		- 1	PPROXIMATE IN	TERVAL
			WEEN ONSET AN	
erculous Pne			eater t	han
DUENCE OF: Mass	lve, Bilate	ral 1	Month	
QUENCE OF:				
		_		
AL III	000 15 400			
AUTOPSY? (Yes or No) Yes	IN CERTIFYING CA	USES OF DE	ATH?	
21C. WHERE DID	(If in Baltimor	e City, give e	xact location	
INJURY OCCUR?	(			
21F. HOW DID INJU	PY OCCUP?			
The state of the s	KI OCCOK.			
10	( 0 Anners	-t 10		40
ust 10, 1				
68 ond the	t In (my) (our) opl	nion deoth	occurred on	the dote
body ofter deoth.		23 B. DATE	FIGNED	
Med.	Staff R	8-11-		
	· · · · · · · · · · · · · · · · · · ·			
3900 IO	ch Raven Bo			
Baltimo	re, Marylan	ty, town, or o	5	(State)
				(Stote)
PR B	altimore,	Mary	and	
Pk Be FUNERAL DIRECTOR Orard J R	uph One	Balta	MA	
onwed y No	LCR SIC I	sacco.	11100	



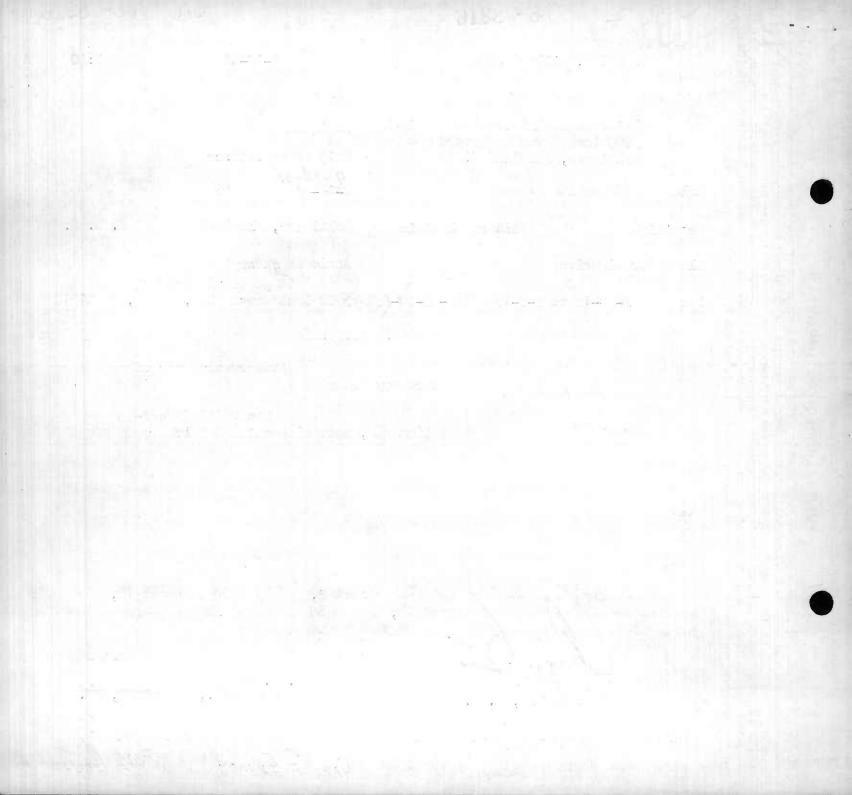


BIRTI		7 () 68-	8214		Y HEALTH DEPARTMEN		68- 8214
	H NO.	00	0214	CERTIFICA	TE OF DEAT	H KEGINO.—	- 0.021
	AME OF DEC	EASED		11/8/11/19	2. DA1	E AND HOUR OF DEATH	
туре	e or Print)	ANNIE W LOTZ	(Anna E	Clizabeth L	otz) AUG	UST 8,1968	2:25 A
3. PL	LACE IN BAL	TIMORE, MARYLAND, W			4. USUAL RESIDENCE	(Where deceased lived, If i	nstitution: residence before admission
FILL	L NAME OF	HE NOT IN HOSPITA	AL OR INSTITUTION	N CIVE STREET	MARYLAND	ANNE ARUNDEI	Ca 52-00
105	SPITAL OR	ADDRESS OR LOCA			C. CITY OR TOWN	D. 1N9	SIDE CITY LIMITS?
		4940 EASTERN	TAVENDEIT	ALS	PASADENA	SHT, SKELL BAY.	No X
	21	BALTIMORE, CI			E. STREET AND NUME	ER	
	01				207 TH STR	EET GREEN,	HAVEN
. SE	EX	6. RACE	7. MARRIED N	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs Months: Doys Hours Min.
F	EMALE	WHITE	WIDOWED	DIVORCED	9-9-08	lost birthdoy) 59	Within Doys Hours William
ØA.	USUAL OCC	UPATION (Give kind of work	108. KIND OF BUS		11. BIRTHPLACE (State of	r foreign country)	12. CITIZEN OF WHAT COUNTRY
one	during most of	working life, even if retired)			MADAT AND		11 0
2 -		sewife			MARYLAND		U.S.
3. F	ATHER'S NA	ME			14. MOTHER'S MAIDEN	INAME	
	Jose	ph Wilchinsky	7		Agnes 1	Paulauchkas	
5. W	Vos Deceosed	Ever in U. S. Armed For	ces?   16.	SOCIAL	17. INFORMANT BAT	TIMORE CITY H	SPTTAL SPESS
. 43,		, , , , give wor or dute	5 51 30141CB/	SECURITY NO.	RECORDS: BAT	40 EASTERN AV	ENUE #27224
-	No			CAUSE OF DEAT		TIMORE, MARYLI	AND #21224
ATION	2237 OTHER SIGNII TO THE DEA DISEASE OR C	G CONDITION Iosi.  II  FICANT CONDITIONS COINT BUT NOT RELATED TO TILD OND THE NOT PARTY.  OPERATION 1988. CON	HE TERMINAL T 1 (A). DITION FOR WHIC	(c) Sep 1	20A. AUTOPSY? (Yes	or No) 20B, IF YES, WERE	FINDINGS CONSIDERED
ERTIFIC	0	WAS PERI	FORMED		NO	IN CERTIFYING CA	AUSES OF DEATH?
	21 A. ACCIDE	NT WAS UNDERLYING	218. PLA home, fo	CE OF INJURY (e.g., orm, foctory, street, o	in or obout 21C. WHERE D	ID (If in Boltimo	re City, give exoct locotion)
AL C	DEATH (notify	medical examiner	erc./				
DICAL C	DEATH (notify	medical examiner) (Month) (Doy) (Year)		URY OCCURRED	21F. HOW DII	DINJURY OCCUR?	
MEDICAL C	DEATH (notify 21D. TIME OF INJURY	medicol exominer)	(Hour) 21E, INJ While A	Not Whi	le 🗀	D INJURY OCCUR?	,
MEDICAL C	DEATH (notify 21D-TIME OF INJURY (APPROX.)	(Month) (Doy) (Year)	(Hour) 21E, INJ While A Work	Not Whi At Work	le 🗀		0 0
MEDICAL C	DEATH (notify 21D-TIME OF INJURY (APPROX.)	medicol exominer)	(Hour) 21E, INJ While A Work	Not Whi At Work	le 🗀	19 10 10	8 8 1968
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MEDICAL C	DEATH (notify 21D. TIME OF INJURY (APPROX)  22. I certify that (we)	medical examiner)  (Month) (Day) (Year)  that (1) (this hospital lost sow the decease	(Hour) 21E, INJ While A Work ) attended the d	Not White At Work	19 68 0	19 to	
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MEDICAL C	DEATH (notify 21D. TIME OF INJURY (APPROX.)  22. I certify that (We) and hour on 23A. SIGNATL	that (1) (this hospital lost sow the decease of from the couses state of the couse state	(Hour) 21E, INJ While A Work ) attended the d	Not White At Work eccessed from the body (did) (did eat)	19 S of view the body ofter de ending Med. Director	19 to	23B, DATE SIGNED
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WEDICAL C	DEATH (noif) 21D. TIME OF INJURY (APPROX.)  22. I certify that (we) and hour on 23A. SIGNATI  BURIAL CRE REMOVAL (  BURIAL CRE BURIAL CRE REMOVAL (  BURIAL CRE BURIA	that (1) (this hospital lost sow the deceose of from the couses state of the couses of the couse of the couses of the couses of the couse of the couses of the couse of the couses of the couse of th	(Hour) 21E INJ While A Work  ) attended the d d olive on med oboxe. (1) (W  FEINGOLD  24C. NAME  68 Holy 25B. NAME OF RI	Not White At Work eccosed from the period of Cemeters	19 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	19 to	inion death occurred on the do  238, DATE SIGNED  8 8 6 8  # 21224  City, lown, or county) (State)
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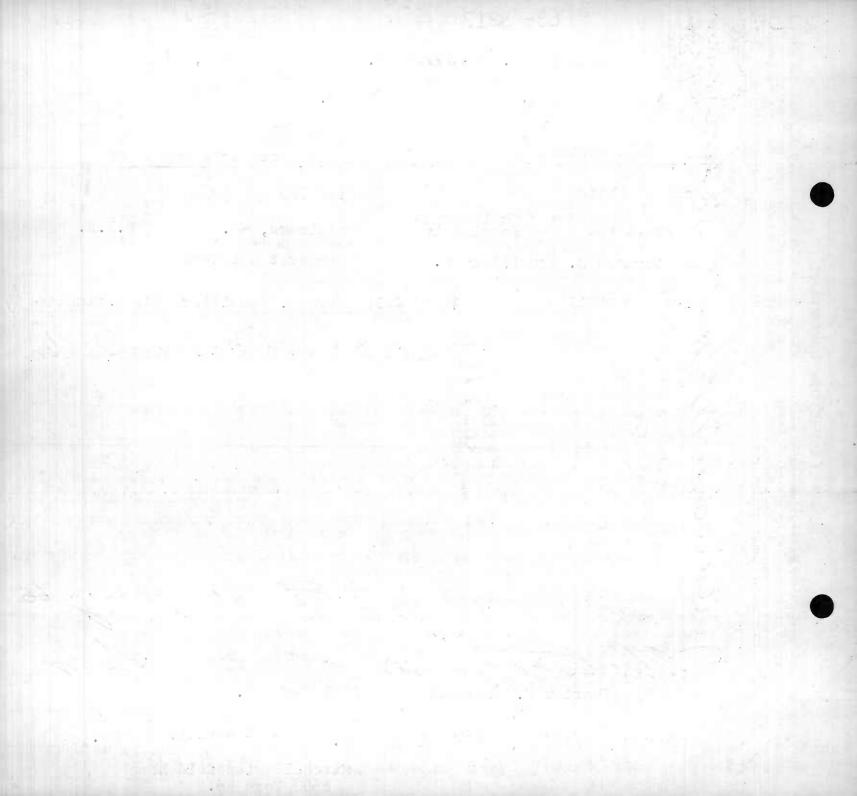


	TH NO.	88- 8216 CERTIFICA	2. DATE AND HOUR OF D	EATH		
	pe or Print) DIEDRICH, Mil	lard John	8_10_68	7:40 A		
3. P	PLACE IN BALTIMORE, MARYLAND,	WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased live A. STATE  B. COUNTY	d. If institution: residence before admission		
FUI	LL NAME OF (IF NOT IN HOS	PITAL OR INSTITUTION, GIVE STREET	Maryland	Balte ( 53-0		
INS	STITUTION		C. CITY OR TOWN D. INSIDE CITY LIMITS?			
		inistration Hospital ven Boulevard	Hamilton YES NO			
6		Taryland 21218	2613 Joppa Terrace			
5. S		7. MARRIED NEVER MARRIED	8. DAT OF BETH	s If Under 1 Yr. If Under 24 Hr Months Doys Hours Min.		
M	ale Caucasian	WIDOWED DIVORCED	1 1 1 last birthdoy) 76	Williams Doys Hours Perin.		
	USUAL OCCUPATION (Give kind of we during most of working tife, even if retired		Y 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTR		
	achinist	Western Electric	Baltimore, Maryland	U. S. A.		
	FATHER'S NAME		14. MOTHER'S MAIDEN NAME			
A	lexander Diedrich		Annie Langhewry			
S. Y	Was Deceased Ever in U. S. Armed I s, no or unknown) (II yes, give wor or d	Forces? otes of service) 1 6. SOCIAL SECURITY NO.	17. INFORMANT VA Hospital Re	cords ADDRESS		
	les 4-30-18 to					
	18.4//2.3	CAUSE OF DEA		APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT		
	DISEASE OR CONDITION		arrythmia	3 Days		
	LEADING TO DEAT	(A)IMMEDIATE CA	AUSE			
	(This does not mean the made heart failure, asthenia, etc. It mea	ns the disease,	S A CONSEQUENCE OF Artherosclero	sis of		
	injury ar camplication which cous	coronary	arteries			
		4-3	S A CONSEQUENCE OF a			
	DISEASES OR CONDITIONS, i	A) stating the	S A CONSEQUENCE OF Myocardial i	nfarc-		
	UNDERLYING CONDITION last.	(c) <u>Llon</u> <u>ol</u>	d, posterio-septal & api	cal		
Z	OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING				
ATIO	TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION GIVEN IN P	THE TERMINAL				
FIC/	19A. DATE OF OPERATION 19B. CO	ONDITION FOR WHICH OPERATION ERFORMED	20 A. AUTOPSY? (Yes or No.) 208. IF YES, IN CERTIFYIN	WERE FINDINGS CONSIDERED IG CAUSES OF DEATH?		
-	2		Yes			
ERTIFI	21 A. ACCIDENT WAS UNDERLYING	home, form, factory, street,	, in or obout 21 C. WHERE DfD (If in B office bldg., INJURY OCCUR?	Boltimare City, give exact location)		
CC	DEATH (notify medical examiner)	etc.)				
CAL C		) (II ) (0) =	015 (12.1.) 2.12			
EDICAL C	21 D. TIME (Month) (Doy) (Yes		21F. HOW DID INJURY OCCUR?			
MEDICAL C	21 D. TIME (Month) (Doy) (Yes OF INJURY (APPROX.)	While Al D Not Wh	nile 🔲			
MEDICAL C	21 D. TIME (Month) (Doy) (Yeo OF INJURY (APPROX.)  22. I certify that (M(this haspi	While AI Not Wh Work At World	nile	_		
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MEDICAL C	21 D. TIME (Month) (Day) (Year OF INJURY (APPROX.)  22. I certify that (M (this haspithat M (we) lost sow the deceased ond hour and from the courses s	while AI Not What Work At	August 8, 19 68 to August 8, ond that in (August 8) ond that in (August 8) ond that in (August 8) ond the fine (August 8) ond	23B, DATE SIGNED 8-10-68		
MEDICAL C	21D.TIME (Month) (Doy) (Yes OF INJURY (APPROX.)  22. I certify that (IX (this haspithat IX) (we) lost sow the decease ond hour and from the courses so 23A. SIGNATURE  23C.PHYSICIAN'S NAME (Type)  Ismael Ang	while AI Not What Work At Work	August 8, 19 68 to A  19 68 ond that in (And) (ou  view the body offer death.  Hending Med. Stoff Phys.  23D. Address V. A. Hospital  3900 Loch Raven Blvd., B	23B. DATE SIGNED 8-10-68 Baltimore, Md.		
MEDICAL C	21D.TIME (Month) (Doy) (Yes OF INJURY (APPROX.)  22. I certify that (IX (this haspithat IX) (we) lost sow the deceler ond hour and from the courses so 23A. SIGNATURE	while Al Not What Work at Work	August 8, 19 68 to A  19 68 ond that in (Aux) (ou  view the body ofter death.  thending Med. Stoff Director Phys. D  23D. ADDRESS V. A. Hospital  B900 Loch Raven Blvd., B	23B, DATE SIGNED 8-10-68		
WEDICAL C	21D.TIME (Month) (Doy) (Yes OF INJURY (APPROX.)  22. I certify that (IX (this haspithat IX) (we) lost sow the deceded ond hour and from the courses so 23A. SIGNATURE  23C.PHYSICIAN'S NAME (Type)  ISMAEL ANGEL A	while AI Not What Work At Work	August 8, 19 68 to A  19 68 ond that in (And) (ou  view the body offer death.  Hending Med. Stoff Phys.  23D. Address V. A. Hospital  3900 Loch Raven Blvd., B	23B. DATE SIGNED 8-10-68  City, town, or county)  (Stole)		



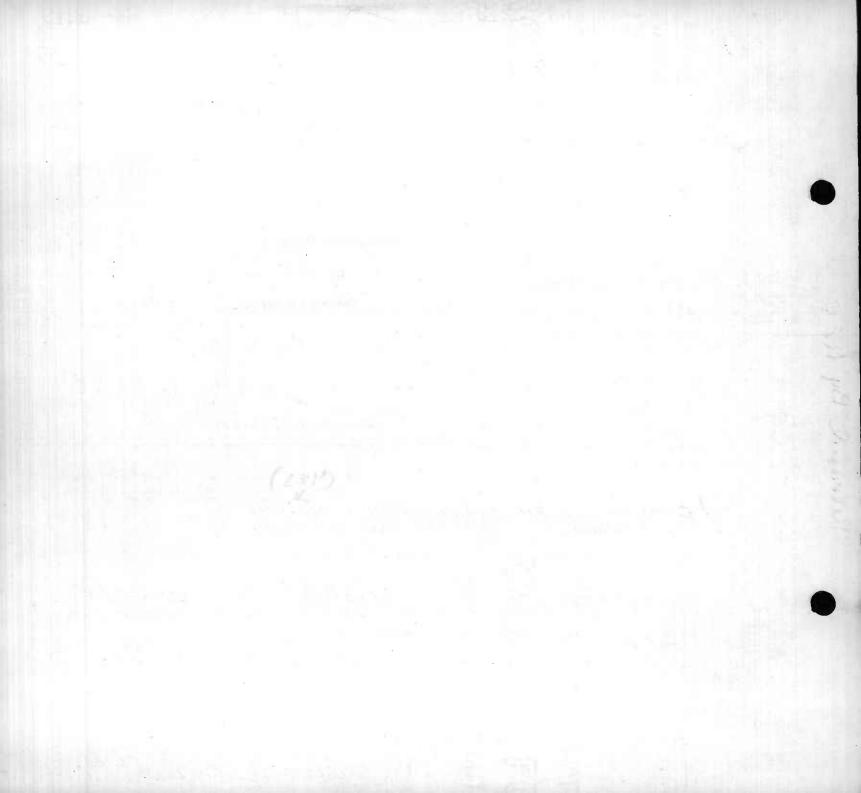
VS 150-REV. 1/1/68

6200 York Rd.

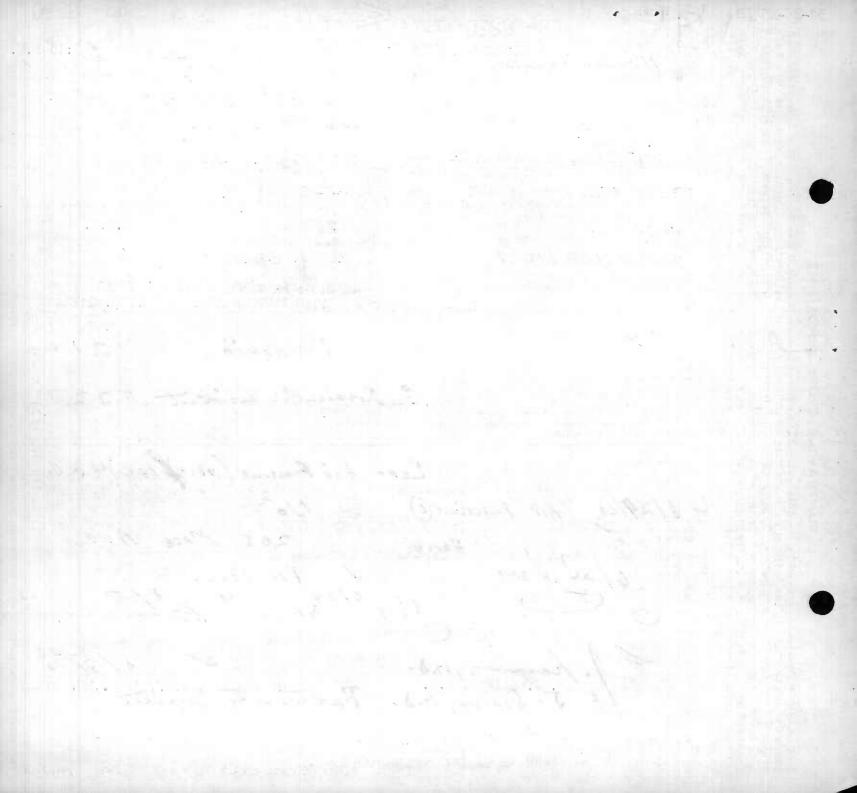


MEDICAL EXAMINER'S	CERTIFICATE OF DEATH REGINO
BIRTH NO.	REG. NO.
1. NAME OF DECEASED (Type or Print)  MOCARSKY	2. DATE Knawn X Month Day Year Haur
FLORENCE MOKARSKY	OF DEATH Estimated 8 6 68 12:00 am.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Day Yeor Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	PRONOUNCED DEAD
HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION	August 6 1968 12:00 a M.  5. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)
21	A. STATE  B. COUNTY
City Hospital	Maryland BALTO, 33-0
6. SEX 7. RACE B. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?
Female White WIDOWED DIVORCED	Balto. YES NO D
9. DATE OF BIRTH 10. AGE (In years   If Under 1 Yr. If Under 24 Hrs.	E. STREET AND NUMBER
Months, Days, Hours, Min.	
11. BIRTHPLACE (State or fareign country) 12. CITIZEN OF	633 Rockaway Beach Ave.
WHAT COUNTRY?	13, FATHER 3 NAME
Mp. USA	CHARLES LUCAS
14A. USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRI done during most of warking life, even if retired)	15. MOTHER'S MAIDEN NAME
done dorning most of warking me, even interredy	KATHERINE BONNER
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL	18. INFORMANT ADDRESS
(Yes, no ar unknown) (If yes, give war or dates of service) SECURITY NO.	A HOROL HALLS INDREWALL REAL
1212-26-760	
19. E 8 8 5 XI CAUSE OF DEA	BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	
LEADING TO DEATH	CAUSE Pulmonary embolus due to
(This does not mean the mode of dying, e.g., heart foilure, asthenia, etc. It means the disease,	CAUSE Pulmonary embolus due to
injury ar complication which caused death.)	
ANTECEDENT CAUSES (B)	Fracture of right hip AS A CONSEQUENCE OF:
RISE TO THE ABOVE CAUSE (A) STATING THE	AS A CONSEQUENCE OF:
UNDERLYING CONDITION LAST.	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	/AS PERFORMED 21. AUTOPSY? (Yes or No)
D CONDITION OF WHICH OF EXAMENT IN	71. Adiorst; (100 of 110)
- V	
228. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB.	, in or about 22C. WHERE DID (if in Baltimore City, give exact lacation) ce bldg., etc.) INJURY OCCUR?
UTING CAUSE OF DEATH. Street	
22D. TIME (Month) (Day) (Year) (Haur) 22E.INJURY OCCURRED	Old Eastern Ave. & Stemmers Run Rd.
(APPROX.) 7 21 69 2.00 WHILE AT THE NO.	T WHILE D.
(APPROX.) 7 21 68 2:00p WORK ATV	WORK   Lost footing while stepping up onto
I certify that I held an Inquiry Inspection A	utapsy and that on this basis, death in my opinion curb
resulted from: Natural causes Accident XX Suici	de Homicide Undetermined manner
1 1 1 1 1 1 1 1 1	CHIEF MEDICAL EXAMINER DATE SIGNED
ACTUAL SIGNATURE M.I	ASSISTANT MEDICAL EXAMINED XX
EXAMINER'S	ASSOCIATE MEDICAL EXAMINER
NAME (Type) Edward F. Wilson, M.D.	August 7, 1968
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY	
REMOVAL (Specify) 8/9/62	
BURIAL PIO BALTO. NAT	TL, CEM BALTO, M.Q.
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
AUG 12 1900 Robert E. Farbur	TE COMMENTE COME
	J.G. CONNELLY SONS 300 MA
VS 151-REV. 1/1/6B	

The street to . His replace of the line of 



VS 150-REV. 1/1/68



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death, shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Suffrict written approval must be obtained before the remains are embalmed or final disposition is made.	D	general p	1
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Suffiwritten approval must be obtained before the remains are embalmed or final disposition is made.	0	-7	3
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This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of d shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Decewas D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Swritten approval must be obtained before the remains are embalmed or final disposition is made.		S 0 9	Su
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospitche body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Dewas D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death written approval must be obtained before the remains are embalmed or final disposition is made.	in	= P 9	0
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hosp the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance deceased prior to death; and (6) No physician was in regular attendance on the deceased prior to deceased prior to death written approval must be obtained before the remains are embalmed or final disposition is made.	-,26	of De	9 =
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This certificate must be approved by the chief medical examiner or his assistant if death occurred in a the body was released to the hospital by a medical examiner. Also, if the direct or contributing cashows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendeceased prior to death); and (6) No physician was in regular attendance on the deceased prior to written approval must be obtained before the remains are embalmed or final disposition is made.	* 16	H S	9 7
This certificate must be approved by the chief medical examiner or his assistant if death occurred in the body was released to the hospital by a medical examiner. Also, if the direct or contributing shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cauwas D.O.A. at a hospital (except where the physician who pronounced death was in regular attedeceased prior to death); and (6) No physician was in regular attendance on the deceased prior written approval must be obtained before the remains are embalmed or final disposition is made.		ca	4
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This certificate must be approved by the chief medical examiner or his assistant if death occurthe body was released to the hospital by a medical examiner. Also, if the direct or contril shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undeterminwas D.O.A. at a hospital (except where the physician who pronounced death was in regulaeceased prior to death); and (6) No physician was in regular attendance on the deceased written approval must be obtained before the remains are embalmed or final disposition is more		bu	P _ B
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TUNERAL DIRECTOR: IMPORTANT This certificate must be approved by the chief medical examiner or his assistant if dea the body was released to the hospital by a medical examiner. Also, if the direct or shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Und was D.O.A. at a hospital (except where the physician who pronounced death was i deceased prior to death); and (6) No physician was in regular attendance on the d written approval must be obtained before the remains are embalmed or final dispositi		th of the	u u
This certificate must be approved by the chief medical examiner or his assistant if does the body was released to the hospital by a medical examiner. Also, if the direct shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) U was D.O.A. at a hospital (except where the physician who pronounced death was deceased prior to death); and (6) No physician was in regular attendance on the written approval must be obtained before the remains are embalmed or final dispos		or	. P. E
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TUNERAL DIRECTOR: IMPORTANY This certificate must be approved by the chief medical examiner or his assistant the body was released to the hospital by a medical examiner. Also, if the dishows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; was D.O.A. at a hospital (except where the physician who pronounced death deceased prior to death); and (6) No physician was in regular attendance on written approval must be obtained before the remains are embalmed or final displaced.	-	÷ 54	> + qs
TUNERAL DIRECTOR: IMPORTA This certificate must be approved by the chief medical examiner or his assiste the body was released to the hospital by a medical examiner. Also, if the shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kinwas D.O.A. at a hospital (except where the physician who pronounced deceased prior to death); and (6) No physician was in regular attendance written approval must be obtained before the remains are embalmed or final	Z	de in	t 5
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This certificate must be approved by the chief medical examiner or his a the body was released to the hospital by a medical examiner. Also, if shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any was D.O.A. at a hospital (except where the physician who pronounced deceased prior to death); and (6) No physician was in regular attendowritten approval must be obtained before the remains are embalmed or	~	ssi +	_ E:E
This certificate must be approved by the chief medical examiner or his the body was released to the hospital by a medical examiner. Also, shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of was D.O.A. at a hospital (except where the physician who pronounc deceased prior to death); and (6) No physician was in regular attenwritten approval must be obtained before the remains are embalmed	0	D # L	de
This certificate must be approved by the chief medical examiner or the body was released to the hospital by a medical examiner. All shows: (1) An accident of any nature; (2) Body burns; (3) A fracture was D.O.A. at a hospital (except where the physician who pronou deceased prior to death); and (6) No physician was in regular att written approval must be obtained before the remains are embalme	3	his So,	T e P
This certificate must be approved by the chief medical examiner, the body was released to the hospital by a medical examiner, shows: (1) An accident of any nature; (2) Body burns; (3) A fracturwas D.O.A. at a hospital (except where the physician who prordeceased prior to death); and (6) No physician was in regular written approval must be obtained before the remains are embal	~	A	atta
This certificate must be approved by the chief medical examine the body was released to the hospital by a medical examine shows: (1) An accident of any nature; (2) Body burns; (3) A fract was D.O.A. at a hospital (except where the physician who prodeceased prior to death); and (6) No physician was in regula written approval must be obtained before the remains are emb		4 . 5	0 - 0
TUNERAL DIRECTC This certificate must be approved by the chief medical examithe body was released to the hospital by a medical examishows: (1) An accident of any nature; (2) Body burns; (3) A fruwas D.O.A. at a hospital (except where the physician who deceased prior to death); and (6) No physician was in regunritten approval must be obtained before the remains are elemented.	8	ine	트목물
TUNERAL DIREC  This certificate must be approved by the chief medical example body was released to the hospital by a medical example body was released to the hospital by a medical example was D.O.A. at a hospital (except where the physician who deceased prior to death); and (6) No physician was in rewritten approval must be obtained before the remains are	7	E.E.+	0 0
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This certificate must be approved by the chief medica the body was released to the hospital by a medical shows: (1) An accident of any nature; (2) Body burns; was D.O.A. at a hospital (except where the physicia deceased prior to death); and (6) No physician was written approval must be obtained before the remain	~	<b>⊸</b> 9 €	E .E 8
This certificate must be approved by the chief medithe body was released to the hospital by a medic shows: (1) An accident of any nature; (2) Body burn was D.O.A. at a hospital (except where the physideceased prior to death); and (6) No physician we written approval must be obtained before the remover.	<u> </u>	al al	in Sin
This certificate must be approved by the chief methe body was released to the hospital by a meshows: (1) An accident of any nature; (2) Body buwas D.O.A. at a hospital (except where the phydeceased prior to death); and (6) No physician written approval must be obtained before the re	-	Pa Pic	V V
This certificate must be approved by the chief the body was released to the hospital by a n shows: (1) An accident of any nature; (2) Body was D.O.A. at a hospital (except where the Edeceased prior to death); and (6) No physicic written approval must be obtained before the	<b>S</b>	E e	4 E 5
This certificate must be approved by the chi the body was released to the hospital by a shows: (1) An accident of any nature; (2) Bow was D.O.A. at a hospital (except where the deceased prior to death); and (6) No physi written approval must be obtained before the	- H	dy dy	cic h
This certificate must be approved by the of the body was released to the hospital by shows: (1) An accident of any nature; (2) was D.O.A. at a hospital (except where deceased prior to death); and (6) No phywritten approval must be obtained before	Z	thi Bo	the y
This certificate must be approved by the body was released to the hospital shows: (1) An accident of any nature; (2) was D.O.A. at a hospital (except wher deceased prior to death); and (6) No peritten approval must be obtained bef	5	by e	o ho
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This certificate must be approved the body was released to the host shows: (1) An accident of any natuwas D.O.A. at a hospital (except deceased prior to death); and (6) written approval must be obtaine		by pit	3 Z Z
This certificate must be approve the body was released to the h shows: (1) An accident of any no was D.O.A. at a hospital (excel deceased prior to death); and written approval must be obtai		PS OS	# (9 P
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This certificate must be the body was released to shows: (1) An accident owas D.O.A. at a hospita deceased prior to death written approval must b		d o	e
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This certificate m the body was rel shows: (1) An acc was D.O.A. at a   deceased prior to		ea	o C E
This certificate the body was a shows: (1) An a was D.O.A. at deceased prior written approv		rel	0 + 0
This certifice the body we shows: (1) A was D.O.A. deceased pr written appi		ate as	400
This certif the body shows: (1) was D.O./ deceased written ap		N A	4 4 6
This cer the bod shows: was D.( decease		₹ <u>&gt;</u> €	o p
This the bashow was was writt		S:	D.ds
t t s y s y		is o	SE Ce
		Th th	3 p 3

)	BY COURT ORDER 68-	822	amend items  1 CERTIFICA	8,12 per TE OF D	CO g93	9 5-2-13 V	68- 8	221
,,,,,	1. NAME OF DECEASED Salva	tore E	Benvenga			10, 1968	H	6: A.M.
	3. PLACE IN BALTIMORE, MARYLAND, WHERE FULL NAME OF HOSPITAL OF ADDRESS OR LOCATION INSTITUTION  200 S Robinson Stree	R INSTITU		Mary c. city or to Baltir	land wn more	e deceosed lived. If	ISIDE CITY LIMIT	S? NO
	5. SEX   6. RACE   7. M.	NEVER MARRIED	B. DATE 96 BIR	TH 9	AGE (In years	II Under 1	Yr. If Under 24 Hrs.	
		OWED	= =	2/ <del>12/</del> 18	80	ost birthdoy)	Months Do	ys Hours Min.
	IGA, USUAL OCCUPATION (Give kind of work 108, I done during most of working life, even if retired)	borer		Italy	(State or foreig	gn country)	12. CITIZEN Ita	of what country?
	13. FATHER'S NAME			14. MOTHER'S	MAIDEN NAM	A E		
	Vito Benvenga			An	itonia Riz	zzo		
	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of s	ervice)	1 6. SOCIAL SECURITY NO. 212-07-5736	Mrs. Ant		envenga 200		nson Street
	DISEASES OR CONDITIONS, if any, rise la lihe above couse (A) slating underlying condition last.  I OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO THE TER DISEASE OR CONDITION GIVEN IN PART 1 (A) 19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMING THE CONDITION WAS PERFORMING TO THE CONDITION WAS PERFORMED TO	UTING MINAL	(B)		CE OF:	20B. IF YES, WERI	FINDINGS CO	NSIDERED
	WAS PERFORMI				2	IN CERTIFYING C	AUSES OF DEA	TH?
	OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	21 B. hom etc.)	PLACE OF INJURY (e.g., in e, form, foctory, street, off	or obout 21 C. W	HERE DID Y OCCUR?	(If in Boltim	ore City, give ex	oct focotion)
	OF INJURY (APPROX.)  (Month) (Doy) (Year) (Hot		INJURY OCCURRED  le At  Not While  At Work		OW DID INJU	JRY OCCUR?		No.
	22. I certify that (I) (this hospital) attered that (I) (was last saw the deceased aliand have and from the causes stated at 23A. SIGNATURE  23C. PHYSICIAN'S PAME (Type)  30 SEPH  24A. BURIAL CREMATION, 24B. DATE	ve an	Atter	ew the bady of the	and that ofter death.  Ned. irrector :	Shaff D	23B. DATE SI	1/68 21224 ml
	Burial 8/13/68	St	Stanislaus Ceme			altimore, M		
			F REGISTRAR	•	AL DIRECTOR	iiioic, 141		ADDRESS
	VS 150-REV. 171768 12 1968 0.0	1	2. Falling 1	Joseph	N. Zanı	nino - 263 S	. Conklin	ng Street

CZ108 = Z/2/3/41

6-660

68- 8222 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG NO

68- 8	222
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BIRTH NO.	REG, NO.
1. NAME OF DECEASED	2. DATE Knawn K Manth Day Year Haur
(Type or Print) CADDIE GRIER	OF DEATH Estimoted 8 10 68 9:15 p.m.
	3. DATE Month Doy Year Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION	PRONOUNCED DEAD August 10 1968 9:15 pm.
617 Cumberland St. D.Q.A.	5. USUAL RESIDENCE (Where deceosed lived. If Institution: residence before addression) A. STATE B. COUNTY Maryland
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. MISIDE CITY LIMITS?
Female Colored WIDOWED DIVORCED	Balto. YES NO
7. DATE OF BIRTH 1905 10. AGE (In years last birthday)	e. STREET AND NUMBER 617 Cumberland St.
11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF	13. FATHER'S NAME Morris Grier
Charlotte, N.C. WT. S.A.Y.	
dane during most of warking life, even if retired)	Maggie Grier
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknawn) (If yes, give war or dotes of service)  17. SOCIAL SECURITY NO.	18. INFORMANT ADDRESS Cicero Grier Charlotte NC
19. 4/2, 21 CAUSE OF DEAT	H APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY Hyperten	sive arteriosclerotic cardiovascular
LEADING TO DEATH	AUSE disease
(This does not mean the mode of dying, e.g., heart failure, osthenia, etc. It means the disease, Injury ar camplication which coused death.)	S A CONSEQUENCE OF:
ANTECEDENT CAUSES (g)	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE LINDERLYING CONDITION LAST	S A CONSEQUENCE OF:
0 1/1/3 / 11	
OF THE SIGNATION CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS	***************************************
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS	S PERFORMED 21. AUTOPSY? (Yes or No)
22A. EXTERNAL CAUSE WAS 22B. PLACE OF INJURY (e.g., in home, form, factory, street, office	n or about 22C. WHERE DID (If In Baltimore City, give exact lacation)
UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.  22D. TIME (Manth) (Day) (Year) (Hour) 22F INTURY OF CURRED	bldg., etc.) INJURY OCCUR?
OF INTURY	22F. HOW DID INJURY OCCUR?
(APPROX.)  m. WHILE AT WORK  AT WO	
23.  I certify that I held on Inquiry Inspection XX Auto	opsy ond that on this basis, death In my opinion
resulted from: Natural courses Accident Sulcide	Homicide Undetermined manner
The state of the s	CHIEF MEDICAL EXAMINER
SIGNATURE M.D.	ASSISTANT MEDICAL EXAMINER XX
EXAMINER'S NAME (Type) Edward F. Wilson, M.D.	ASSOCIATE MEDICAL EXAMINER August 10, 1968
24A. BURIAL CREMATION, REMOVAL (Specify) Aug 13,196 York Memori	al Park Mecklenburg County, N C
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	Morton Drechtett Funer Preffomes
AUG 12 1968 Robert E. Janleyna	1701 Laurens St Baltimore Md 21217
VS 151-REV, 1/1/68	1 4 4 4

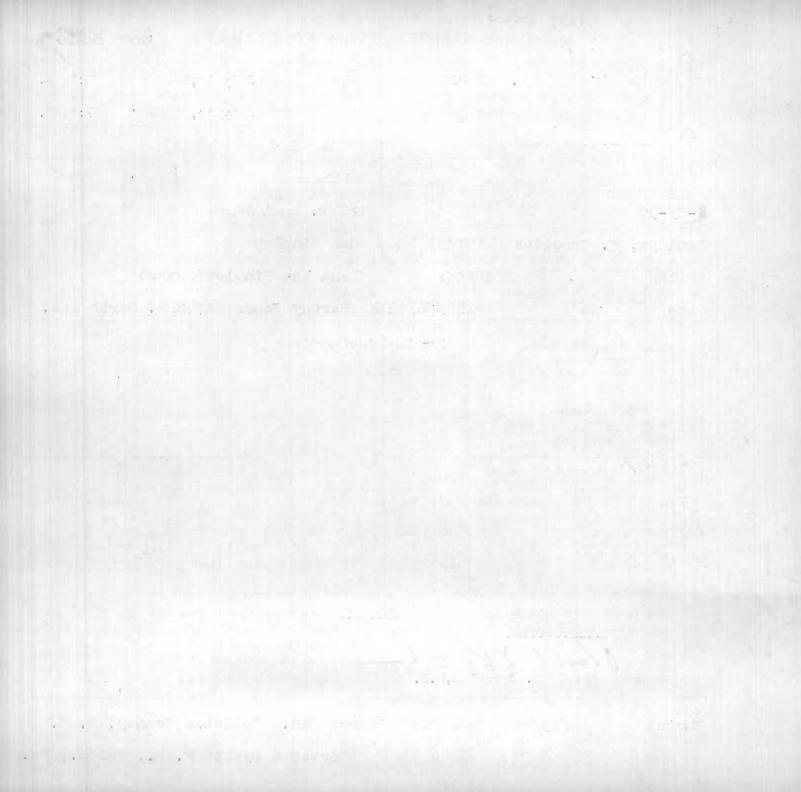
13-524

68- 8223 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S	CERTIFICATE OF	DEATH BEG NO	68-	822
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BIRT	TH NO.		,,,,,	10/12		., ., ., ., ., ., ., ., ., ., ., ., ., .	JE!( ! !! !	C/ (1 L	0. 0		REG	. NO			
	AME OF DEC	EASED RANKLYI	NT.	D.	BTI	NGLEY	2. DATE OF	Known	-	Manth	18,19		Year	7:28	D
	F					UNCED DEAD	DEATH 3. DATE	Estimo		Month	Day		Year	Hour	г • <sub>М.</sub>
FULL	NAME OF	(IF NO		L OR INST		N, GIVE STREET		UNCED DI			18, 19	*	tear	7:28	P. M.
	NSTITUTION	OVIDEN					5. USUAL A. STATE			ce osed	lived. If ins B. COU		residence	before adm	issian)
1 6			I HODI	la .				Maryal	nd					me	
6. S	Male	7. RACE Negro	0	8. MARR		NEVER MARRIED U	C. CITY O	imore			D. INS	DE CAR	W LIMITS?	NO 🗆	7
	ATE OF BIRT		10. AGE (I		If Und	der 1 Yr. If Under 24 Hrs.	E. STREET					-	• 🗀	140	
-	-23-39		1					W. No	rth A	<i>r</i> enu	е				
	SIRTHPLACE(S					TIZEN OF	13. FATHER	Bing	Tel.						
	anady s					USINESS OR INDUSTRY		_	-						
done	ORTER	vorking life, ev	en if retired)			RANT		a Mae		gle	y (Pos	ser)	)		
16. \	WAS DECEAS	ED EVER IN	U.S. ARMED	FORCES		17. SOCIAL	18. INFOR						DRESS		
(103,	NO NO	N	O	di service	′	248/56/921	Н На	rvey	Jone	3	1740	W.	Nor	th Av	e.
1	9.42	OXI				CAUSE OF DEA								PPROXIMATE	
		E OR COND		CTLY		Purulent	Peric	arditi	S						
	(This does n	ot meon the	mode of dy			(A) IMMEDIATE O		DUENCE OF							
	heart failure injury or can	, asthenia, etc. nplication whic	. It means the ch caused de	disease, oth.)											
	1A	NTECEDENT	CAUSES			(p)									
		OR CONDITION		, GIVING		DUE TO, OR	AS A CONSI	QUENCE C	F:					****	
Z	UNDERLYIN	NG CONDITI	ON LAST.			(c)		******							
옎	432	X	11	CALTRICLIA	11116										
CERTIFICATION	TO THE DE	HFICANT CON ATH BUT NOT CONDITION	RELATED TO	THE TERM	INAL	400000000000000000000000000000000000000		SI till till der der till som der den som SI som till s						************	
ER I						VHICH OPERATION WA	AS PERFOR	MED					21. AUT	OPSY? (Yes	or No)
. 10	1													es	
123	UNDERLYING	NAL CAUSE			22B. PL home,	ACE OF INJURY (e.g., farm, foctory, street, office	in ar abaut e bldg., etc.)	22C. WHER	E DID (If i	n Baltim	nare City, g	ive exac	t location)		
	UTING CA		TH. (Yeo	·) (Hou	c) [22]	E.INJURY OCCURRED		22F. HOW	DID IN IUI	RY OC	CUR?				
	OF INJURY (APPROX.)	()	-,, (	, (1100	.	HILE AT NOT	WHILE O		0.0						
2	23.				- III. J WC										
		ify that I h		nquiry L			topsy X		ot on this				1		
	resul	ted from: N	oturol cau	ses X	- Ac	cident Suicid		omicide L CHIEF ME			nined mor	nner _			
	ACTUAL		weld	1 7	1/	a lote		ISTANT ME						DATE SIC	ENED
	SIGNAT	ER'S R	onald	N. Ko	rnb	1um, M.D.		OCIATE ME						1060	
211	NAME (1	Type)									Au		8,		
REM	BURIAL CRE		4B. DATE	11.0		NAME of CEMETERY					N (City				ote)
	DATE REC'D	RV MEAITH	8/13			Red Banks (		FUNERAL			ton		DRESS	S. C	•
23A.		G 121		238. N	-	TOUR MA		rton			F			lto.	Md.
	/10	a Yn I	aus A	Party Property	0 6	, white had			20		-		,	,	

VS 151-REV. 1/1/68



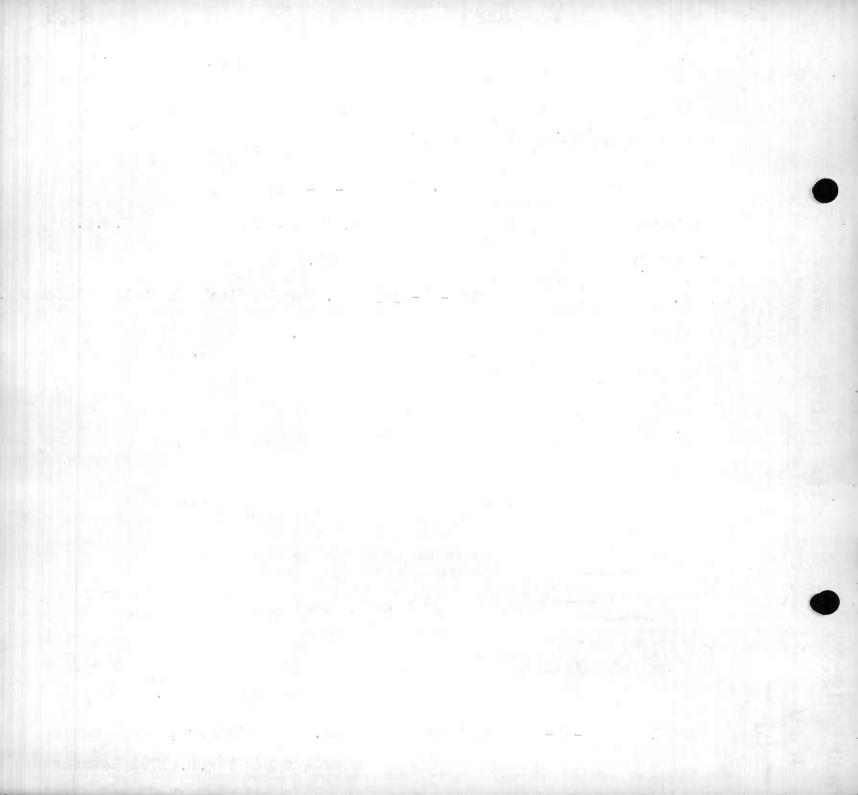
IMPORTANT

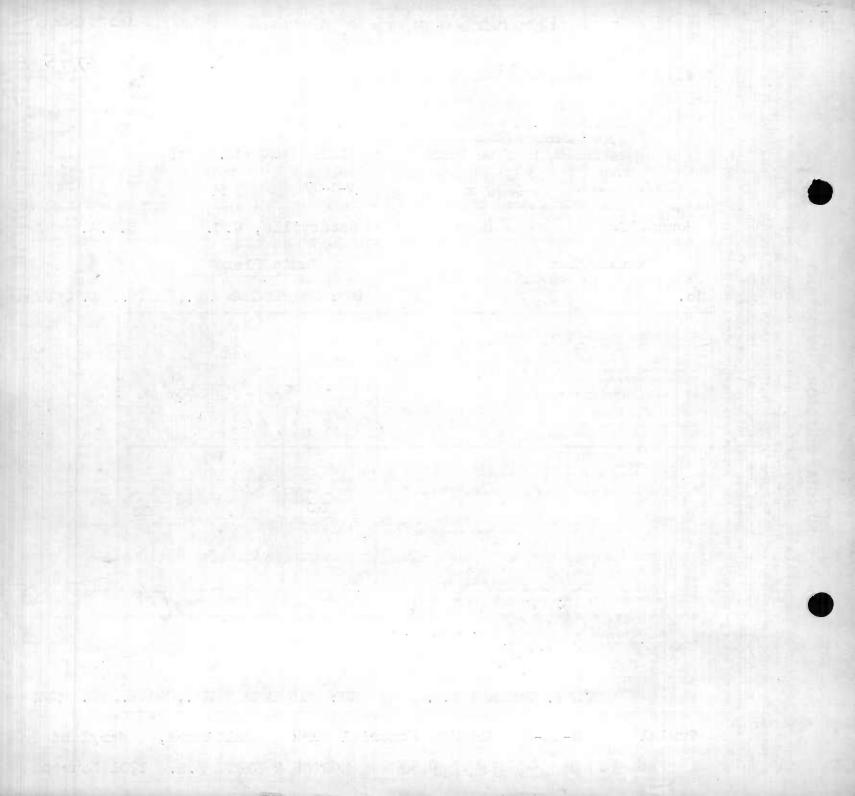
FUNERAL DIRECTOR:

BALTIMORE CITY HEALTH DEPARTMENT

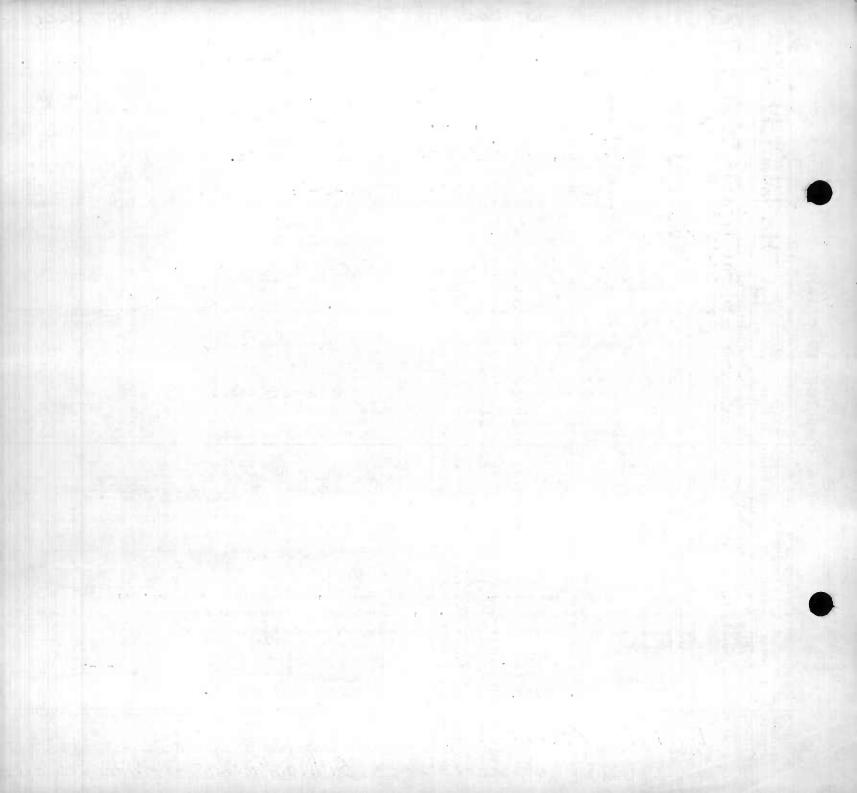
DATE THAT THE START DATE OF THE

			68-82	21-	TE OF DEATH	REG. NO.	8225		
BIRTH				CERTIFICA	TE OF DEATH				
	AE OF DECE	ASED //	1			AND HOUR OF DEATH	11/22		
	harle	5 HeN		ves		9-68	1/1:00 A. N		
3. PL A	ACE IN BALT	MORE MARYLAND	O, WHERE PRONO	JNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. SIATE B. COUNTY  Maryland				
	NAME OF	(IF NOT IN HO	SPITAL OR INSTIT	JTION, GIVE STREET					
HOSPI IN STIT	TAL OR	ADDRESS OR L	OCATION)		C. CLTY OR TOWN DE INSIDE CITY LIMITS?				
11.		L IN	and to	1 Mars it 1	Baltimo		YES NO NO		
Y A	nuersic	y of eve	argrand	d Hospital	594 W. Biddle St.				
0			-		11 12	Biddle	H.		
5. SEX		6. RACE		NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost bighday)	Months Doys Hours Min.		
		1 V		Septworced Business or Industry	11-10-1917	50			
		orking life, even if reli		BUSINESS OK INDUSIKI			12. CITIZEN OF WHAT COUNTRY		
L	aborer				Baltimore, 1	Maryland	U.S.A.		
13. FA	THER'S NAM	E			14. MOTHER'S MAIDEN	IAME			
Ja	mes Jo	nes			UNK.				
5. Wo	s Deceosed	Ever in U. S. Armed	Forces?	1 6. SOCIAL	17. INFORMANT		ADDRESS		
Ye		ui yes, give woi oi	doles of services	214-14-036	Mrs. Jurli:	n Mitchell	2018 Hollins S		
ATION DOLO (A	THER SIGNIFIC THE DEATH SEASE OR CO		(A) sloting the  CONTRIBUTING TO THE TERMINAL PART 1 (A).	(c). Chaon	S A CONSEQUENCE OF:  LE Obstruct:  20A. AUTOPSY? (Yes or	ne Pulm (	FINDINGS CONSIDERED AUSES OF DEATH?		
2					YES				
_ 0	R CONTRIBUT	T WAS UNDERLYING CAUSE OF	hom etc.	e, form, foclory, street, o	in or oboy 21C. WHERE DID	(If in Boltimo	ore City, give exoct locotion)		
W OF	D. TIME	(Month) (Doy) (Y	eor) (Hour) 21E,	INJURY OCCURRED	21F. HOW DID	NJURY OCCUR?			
2	PPROX.)		Wh	Not Whi					
22	. I certify t	hot (1) (this hos	pital) attended t	ne deceosed from	7-27	19 ( to	8-9 1968		
				2	19 68 and	that in (mv) (our) an	inion death occurred on the do		
th	ot (1) (we)	ost sow the deci							
	-	from the courses		) (We) (did) (did not)	view the body ofter deat	h			
on	nd hour ond	from the couses		) (We) (did) (dld not)	view the body ofter deot	h.	23 B. DATE SIGNED		
on	-	from the couses	stated above. (	Att	ending Med.	Shaff Tor	23B, DATE SIGNED		
or 23	A. SIGNATUS	Fordlish	stated above. (		ending Med. pirector		23B, DATE SIGNED		
or 23	nd hour ond	Fordlish	stated above. (	AH	ending Med.	Shaff Tor	23B, DATE SIGNED 8-9-65		
23.	A. SIGNATUS C. PHYSICIAN NAME (Ty	From the couses	stoted obove. (I	DEGREE Phy	ending Med. Director  23D. ADDRESS  Unwersty	Staff Phys. & Mary	8-9-68.		
23 23 24A. B	C. PHYSICIAN NAME (Ty	from the couses  Boddis  TS  pel  (ATION, 24B. DAT	E 24C.N	DEGREE Phy	ending Med. Director  23D. ADDRESS  Med. Director  24D  24D	of Mary,	8-9-68, land Hospital		
23. 23. 24A. Bu	C. PHYSICIAN NAME (Ty	FS PARIS PRINTERS OF SATION, 248, DAT	E   24C.N.	DEGREE Phy  OEGREE  AME of CEMETERY of CR  Ltimore Nat	ending Med. Director	of Mary, LOCATION (C) Baltimore,	8-9-65 land Hospital  City, town, or county) (Stote)  Maryland		
23. 23. 24A. BR	C. PHYSICIAN NAME (Ty	from the couses  Boddis  TS  pel  (ATION, 24B. DAT	E   24C.N.	DEGREE Phy  OEGREE  AME of CEMETERY of CR  Ltimore Nat	ending Med. Director  23D. ADDRESS  LINE SURV  EMATORY  1 Com.  25C. FUNERAL DIRECT	of Mary, LOCATION (C) Baltimore,	F-9-65, land Hospital City, town, or county) (Stote Maryland ADDRESS		
23 4A. B Bu 5A. D	C. PHYSICIAN NAME (Ty	From the couses  Bodde  Specify)  8-11  STATION, 24B. DAT  8-11	E   24C.N.	DEGREE Phy	ending Med. Director  23D. ADDRESS  LINE SURV  EMATORY  1 Com.  25C. FUNERAL DIRECT	of Mary, LOCATION (C) Baltimore,	S-9-65, land Hospital City, town, or county) (Stote Maryland		

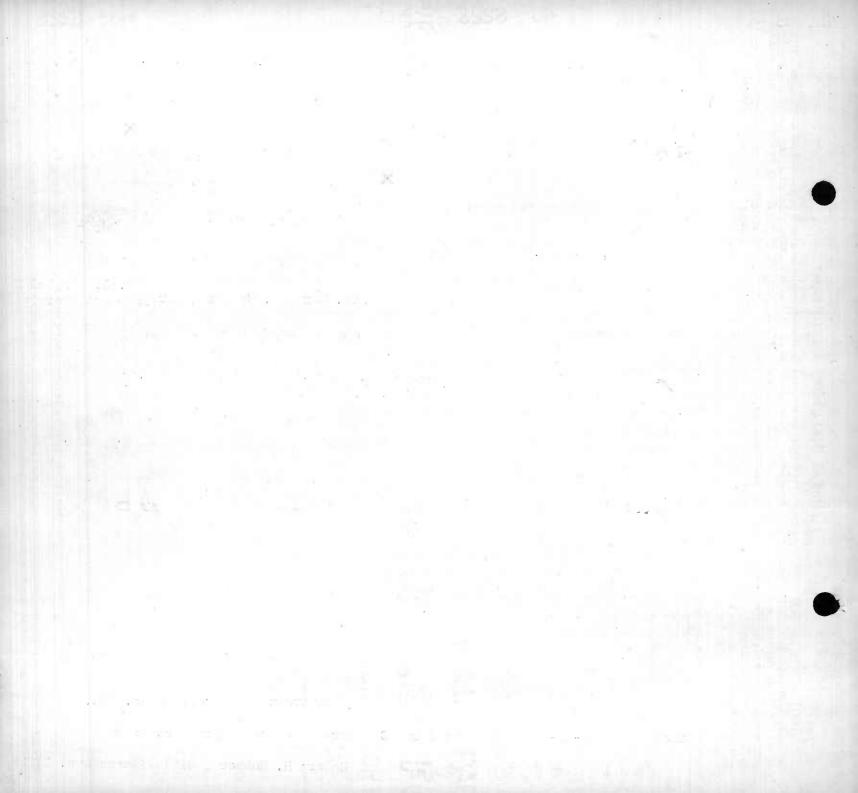




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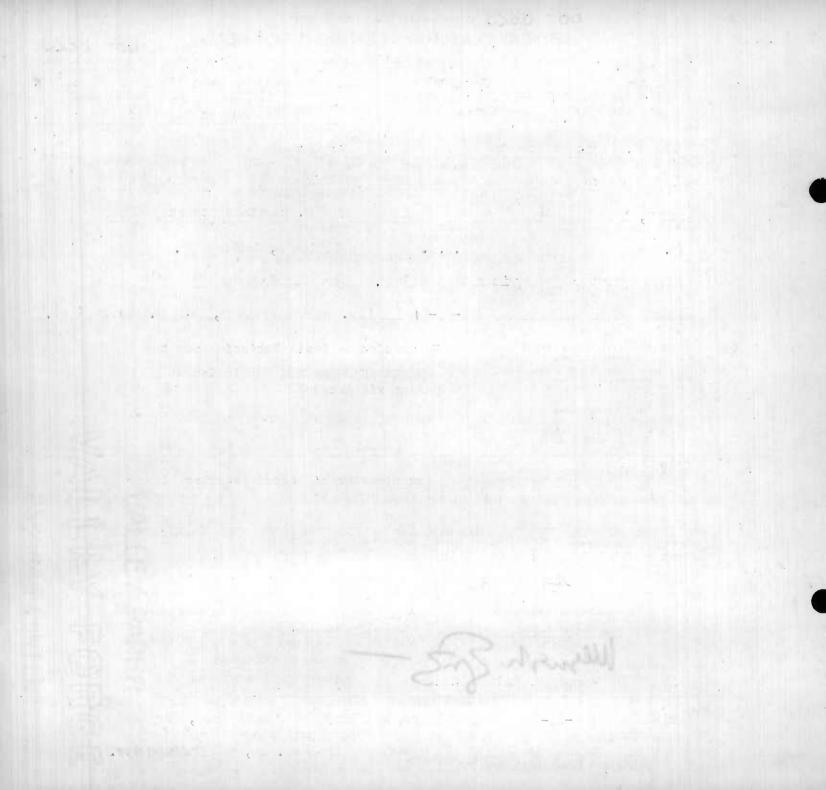


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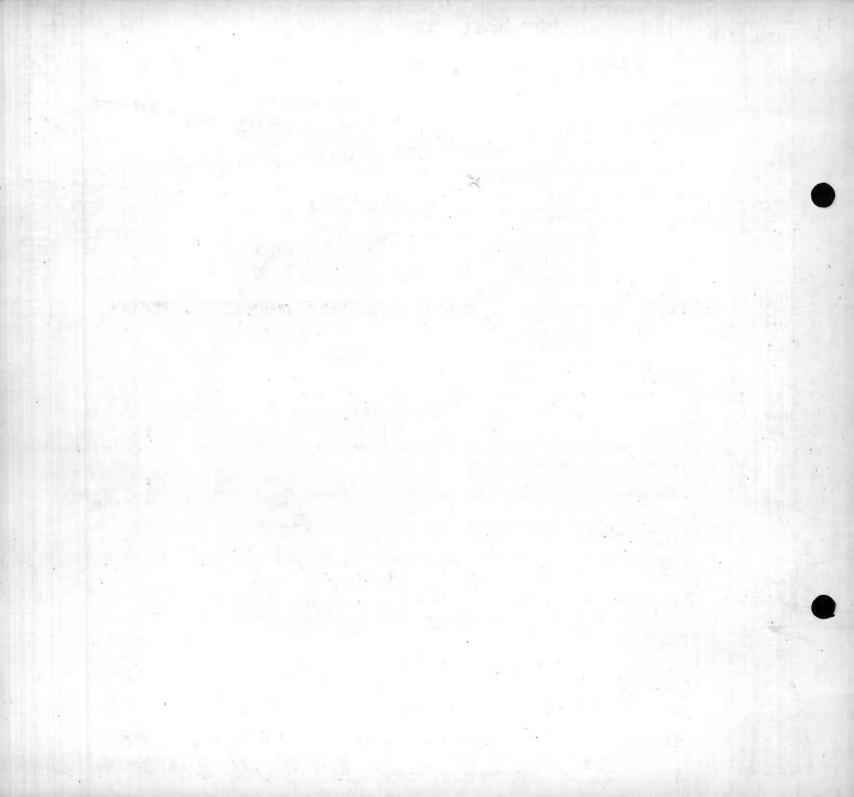
			BALTIMORE CIT				F DFA	TH	00_	. 000	O
BIRTH NO.	8.00.0							REG. NO	000=	-046	
1. NAME OF DEC	CEASED AM		JACKSON		2. DATE OF DEATH	Known X	Month  Aug	ust 11,	1968	Hour 5:45	P. <sub>M</sub>
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD							Month	Doy	Yeor	Hour	IVI.
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION						ESIDENCE (W		st 11,	1968		P. <sub>M</sub>
	W. Saratog				A. STATE Mar	yland		B. COUNTY	1		
6. SEX	7. RACE	8. MARE	RIED NEVER MARRIE	D 🔲	C. CITY OR	TOWN		D. INSIDE	CITY LIMITS	-	"
male	negro	WIDOV			Ba1	timore		4	WES E	NO P	Someone
9. DATE OF BIRT	lost bi	SE (In years rthday) 56	H Under 1 Yr. If Under 24 Months Doys Hours			AND NUMBER		Street			
	State or loreign coun	try)	12. CITIZEN OF		13. FATHER						
77.0			WHAT COUNTRY?		1,74 7	liom I	Tanka	on Con			
Va.	JPATION (Give kind of	work 148. KINE	OF BUSINESS OR IND	USTRY	15. MOTHE	Lliam J.	JACKS	on Sr.			
done during most of	working life, even if ret	ired)									
	Operator		cam Coat Pad	ruc	18. INFOR	ra Carri	aguon		ADDRESS		
(Yes, no or unknown	(If yes, give wor or o		SECURITY NO					0001			
19. 4 4	4.21)		220-09-016 CAUSE OF			Jouise J	eckson	2204 W		TOPA ST APPROXIMATE IN WEEN ONSET A	NTERVAL
DISEAS	E OR CONDITION		Infai	rcti	on of	Small Ir	testin	e due to	5		
(This does a	LEADING TO DEAT not mean the mode		(A)IMMED	DIATE C	AUSE	~~~	A				
heort foilure	o, osthenio, etc. It meo mplication which couse	ns the disease,				XIMXXXIX	Occlus	ion or			
injury or cor	inplication which couse	ea aeom.)	Meser	nter	ic Art	ery					
	NTECEDENT CAUSE OR CONDITIONS, IF		(B)	O. OR	AS A CONSE	QUENCE OF:					
RISE TO TH	E ABOVE CAUSE (A	) STATING THE									
6			(C)								
O THE DE	NIFICANT CONDITION ATH BUT NOT RELATE CONDITION GIVEN	D TO THE TERM	INAL Arte	eric	sclero	tic Card	liovasc	ular Dis	sease		
20A. DATE O			FOR WHICH OPERATIO	ON WA	S PERFORM	\ED			21. AUT	OPSY? (Yes	or No)
0										Yes	
UNDERLVING	NAL CAUSE WAS		22B. PLACE OF INJURY home, form, foctory, stree	Y (e.g., et, office	in or obout 2 bldg., etc.)	2C. WHERE D	D (If In Soltin	nore City, give	exoct locotion)		
	USE OF DEATH.										
OF INJURY (APPROX.)	(Month) (Doy)	(Year) (Hou	r) 22E.INJURY OCCUR WHILE AT WORK		WHILE _	22F. HOW DID	INJURY OC	.CUR?			
23.		r	m.j work								
I cert	tify that I held an	Inquiry	Inspection		opsy K		n this bosi	s, deoth in m	y opinion		
resul	ted from: Notural	causes K	Accident S	Suicid	e H	omicide 🗌	Undeter	mined monne	r 📙		
4.071141	1110.	. 1	51			CHIEF MEDICA	L EXAMINE	R 📙		DATE SIG	NFD
ACTUAL		wh	1000	_M.D	ASSI	STANT MEDIC	AL EXAMINE	R X			
EXAMIN NAME (	Type) Werne	r U. Sp	itz M.D.		ASSC	CIATE MEDICA	AL EXAMINE	R 🗌	177	8/12/6	8
24A. BURIAL CRE			24C. NAME of CEME				D. LOCATIO		wn, or count	y) (Sto	ote)
REMOVAL (Spec	8	15-68	Baltimore	, N	ationa.		Baltim	ore, Mar	yland		
	BY HEALTH DEPT.	25B. N	IAME OF REGISTRAR	4.8		FUNERAL DIRE		2 Stadismo	ADDRESS	R. L.A.	
1	NUG 1 3 196	& ORalm	b E. Farley!	The said	CI	nalres.	EW, OU	Trompto 8)	174-12- X R. O		
VS 151-REV, 1/1/6	8				1	60 40					



VS 150-REV. 1/1/68

ENGINEER 9

100 M Calledon Block



Such

MANAGE OF THE	COPA CED		TE OF DEATH   2, DATE AND HOUR OF DEATH	
NAME OF DE	Clifford Mad	lison	August 9, 1968	
PLACE IN BA	ALTIMORE, MARYLAND, V	VHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If A. STATE B. COUNTY	institution: residence before admissio
FULL NAME O	F (IF NOT IN HOSPIT	TAL OR INSTITUTION, GIVE STREET ATION)	Maryland Baltimore	0 53-00
NSTITUTION	ADDRESS OR LOC	ΑΠΟΝ)		SIDE CITY LIMITS?
1	att 27 1	1 7 (204)	Sparrows Point	YES NO X
Baltum 9 9	ore City Hospi	ital (DOA)	Route #10 But Cuckold Road	d
sex /	6. RACE White	7- MARRIED NEVER MARRIED	B. DATE OF BIRTH Aug. 2, 1910  9. AGE (In yeors lost birthdoy) 58	If Under 1 Yr. If Under 24 Hr Manths Doys Haurs Min.
		WIDOWED DIVORCED DIVORCED	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNT
	of warking life, even if retired)	Bethlehem Steel Co.	Pennsylvania	U. S. A.
3. FATHER'S N			14. MOTHER'S MAIDEN NAME	
Frede	rick Madison		Emma Newdeffer	
	ed Ever in U. S. Armed Fo wn) (If yes, give war ar dat		17. INFORMANT (Brother) Leonard Madison, Rt. #10	Sparroles Point,
1B, 7/1	3 0	CAUSE OF DEAT		APPROXIMATE INTERVAL
	nal mean the made of		JSE A CONSEQUENCE OF:	2hrs
heart failure injury or co	nal mean the made at e, asthenia, etc. It means amplication which coused ANTECEDENT CAUSES OR CONDITIONS, if	any, giving e.g.,  DUE TO, OR AS  DUE TO, OR AS  OR AS  OR AS  OR AS  OR AS  OR AS	A CONSEQUENCE OF:  A CONSEQUENCE OF:	1hs
heart failure injury or co	nal mean the made at e, asthenia, etc. It means amplication which caused ANTECEDENT CAUSES	any, giving e.g.,  DUE TO, OR AS  DUE TO, OR AS  OR AS  OR AS  OR AS  OR AS  OR AS	a CONSEQUENCE OF:	/y.
DISEASES rise la UNDERLYII  OTHER SIGN TO THE DE	nal mean the made at e, asthenia, etc. Il means amplication which caused ANTECEDENT CAUSES OR CONDITIONS, if the above cause (A) NG CONDITION last.	any, giving stating the CC)  ONTRIBUTING THE TERMINAL	a CONSEQUENCE OF:	/y_
DISEASES rise to UN DERLYII  OTHER SIGN TO THE DE	nal mean the made at e, asthenia, etc. It means amplication which caused ANTECEDENT CAUSES OR CONDITIONS, if the above cause (A) NG CONDITION last.	any, giving stating the CC)  ONTRIBUTING THE TERMINAL	A CONSEQUENCE OF:  A CONSEQUENCE	E FINDINGS CONSIDERED AUSES OF DEATH?
DISEASES rise la UN DERLYII  OTHER SIGN TO THE DISEASE OR  19A. DATE OF OR CONTRI OR CONTRI DEATH (not	nal mean the made at e, asthenia, etc. It means amplication which caused ANTECEDENT CAUSES OR CONDITIONS, if the above cause (A) NG CONDITION last.	any, giving sloting the (C)  ONTRIBUTING THE TERMINAL RT I (A).  NOTION FOR WHICH OPERATION REFORMED	A CONSEQUENCE OF:  A CONSEQUENCE	E FINDINGS CONSIDERED AUSES OF DEATH?
DISEASES rise to UN DERLYII  OTHER SIGN DISEASE OR 19 A. DATE O	nal mean the made at e, asthenia, etc. It means amplication which caused ANTECEDENT CAUSES OR CONDITIONS, if the above cause (A) NG CONDITION last.	any, giving slating like  ONTRIBUTING THE TERMINAL RT I (A).  NOTITION FOR WHICH OPERATION FORMED  218. PLACE OF INJURY (e.g., home, form, foctory, street, of etc.)	A CONSEQUENCE OF:  A CONSEQUENCE	AUSES OF DEATH?
DISEASES rise la UN DERLYII  OTHER SIGN TO THE DE DISEASE OR 19 A. DATE (1)  21 A. ACCID OR CONTRI DEATH (not) UN DEATH (APPROX.)	nal mean the made at e, asthenia, etc. It means amplication which caused ANTECEDENT CAUSES OR CONDITIONS, if the above cause (A) NG CONDITION last.	any, giving stating the CONTRIBUTING THE TERMINAL RT I (A).  218. PLACE OF INJURY (e.g., home, form, foctory, street, ortic,)  (Hour) 21E. INJURY OCCURRED While At Work At Work	A CONSEQUENCE OF:  A CONSEQUENCE	AUSES OF DEATH?
DISEASES rise to UNDERLYII  OTHER SIGN TO THE DE DISEASE OR 21 A. ACCID OR CONTRI DEATH (not DEATH	nal mean the made at e, asthenia, etc. It means amplication which caused ANTECEDENT CAUSES OR CONDITIONS, if the above cause (A) NG CONDITION last.	ONTRIBUTING THE TERMINAL RT I (A).  21B. PLACE OF INJURY (e.g., home, form, foctory, street, oetc.)  (Hour)  21E. INJURY OCCURRED  While At Not White At Work  At Work	A CONSEQUENCE OF:  A CONSEQUENCE	ore City, give exact lacation)  F: 2 19 (8
DISEASES rise la UN DERLYII  OTHER SIGN TO THE DISEASE OR  19 A. DATE (OR CONTRI DEATH (not  21 D. TIME OF INJURY (APPROX.)  22. I certit that (I) (w.	nal mean the made at e, asthenia, etc. It means amplication which caused ANTECEDENT CAUSES OR CONDITIONS, if the above cause (A) NG CONDITION last.	ONTRIBUTING THE TERMINAL RT I (A).  21B. PLACE OF INJURY (e.g., home, form, foctory, street, oetc.)  (Hour)  21E. INJURY OCCURRED  While At Not White At Work  At Work	A CONSEQUENCE OF:  A CONSEQUENCE	AUSES OF DEATH?
DISEASES rise la UN DERLYII  OTHER SIGN TO THE DISEASE OR  19 A. DATE (OR CONTRI DEATH (not  21 D. TIME OF INJURY (APPROX.)  22. I certit that (I) (w.	nal mean the made of e, asthenia, etc. Il means amplication which caused ANTECEDENT CAUSES OR CONDITIONS, if the above cause (A) NG CONDITION last.	ONTRIBUTING THE TERMINAL RT I (A).  218. PLACE OF INJURY (e.g., home, form, foctory, street, of etc.)  (Hour) 21E. INJURY OCCURRED While At Not Work Work Work  While At Not Work Work Work  At	A CONSEQUENCE OF:  A CONSEQUENCE	ore City, give exact lacation)  F: 2 19 (8
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DISEASES rise to UN DERLYH  OTHER SIGN TO THE DESASE OR  19 A. DATE (OR CONTRI DEATH (not  21 D. TIME OF INJURY (APPROX.)  22. I certifithat (I) (wond bear of	nal mean the made of e, asthenia, etc. It means amplication which caused ANTECEDENT CAUSES OR CONDITIONS, if the above cause (A) NG CONDITION last.	DUE TO, OR AS the disease, and death.)  any, giving stoling the CONTRIBUTING THE TERMINAL TO I (A).  PONTRIBUTING THE TERMINAL TO I (A).  21B. PLACE OF INJURY (e.g., home, form, foctory, street, of etc.)  (Hour) 21E. INJURY OCCURRED While At Work At Work At Work at Work At Work and other and oth	A CONSEQUENCE OF:  A CONSEQUENCE	ore City, give exact location)  3. 2 19 8  pinion death occurred on the d

Baltimore National Cemetery

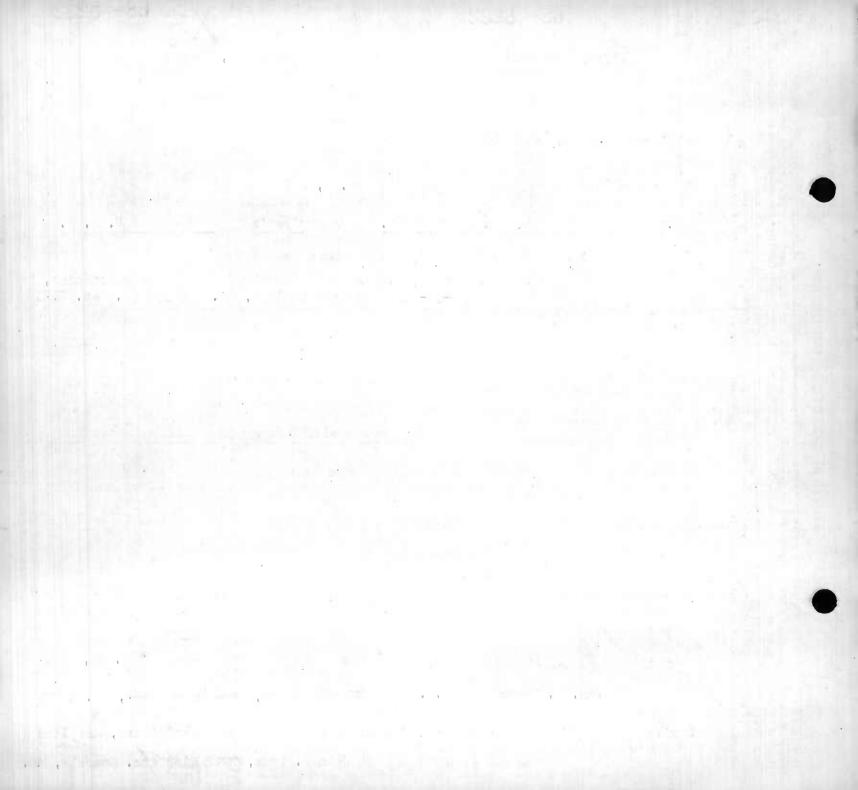
Baltimore, Maryland

John J. Duda, 7922 Wise Ave. Dundalk, Md.

VS 150-REV. 1/1/6B

Burial 8/13/68
25A. DATE RECONSEATS 968

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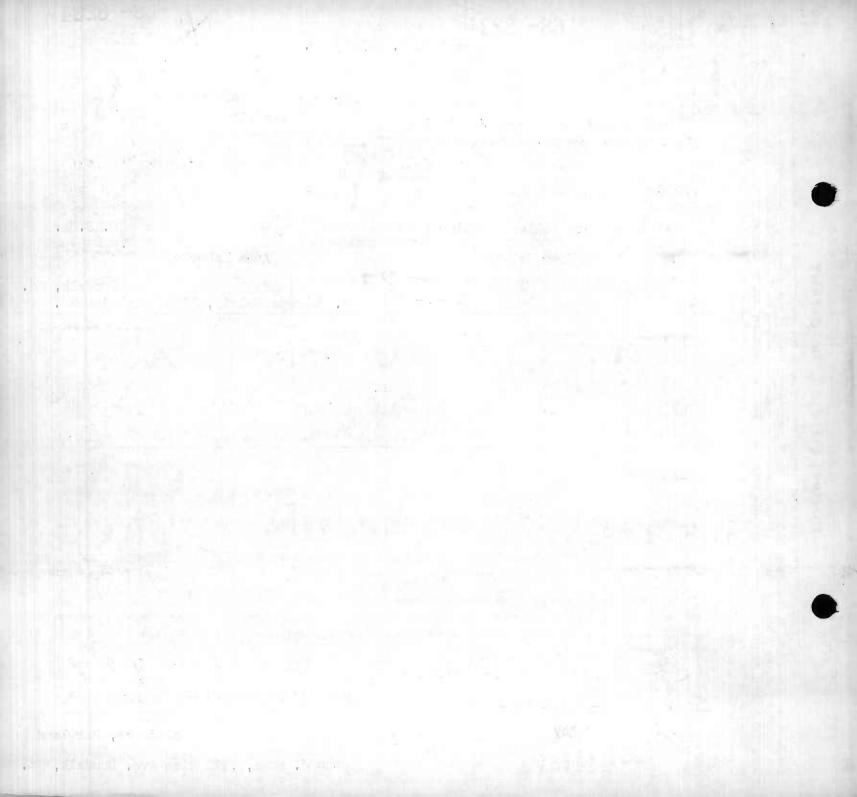
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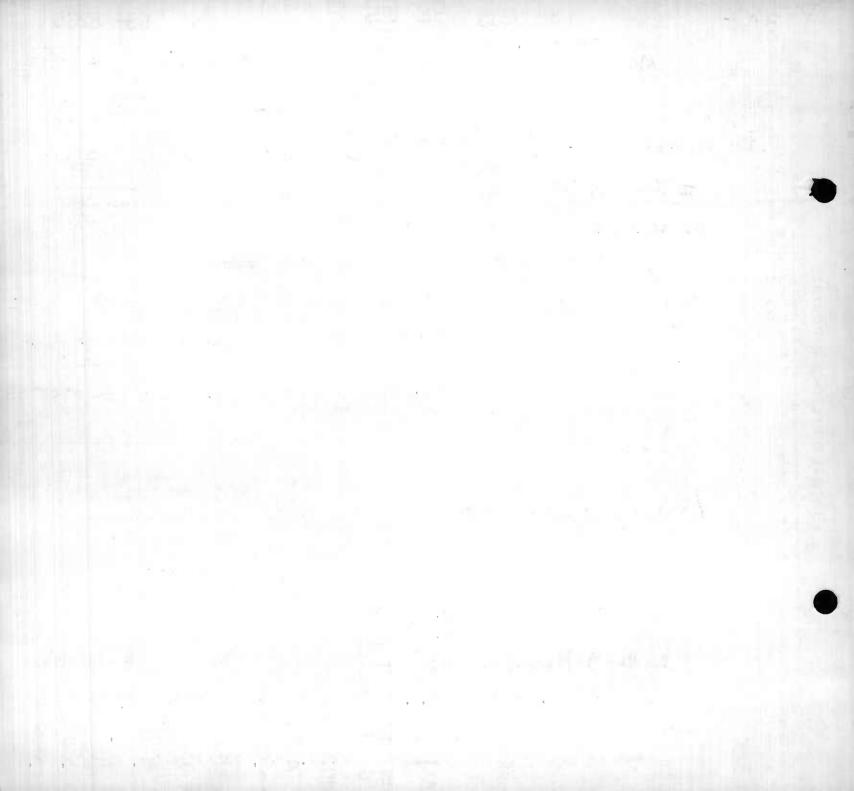
BALTIMORE CITY HEALTH DEPARTMENT 68- 8233 REG. NO CERTIFICATE OF DEATH George T. Phelps 2. DATE AND HOUR OF DEATH I. NAME OF DECEASED (Type or Print) GEORGE T WHELPS 0 4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) 3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD A. STATE B. COUNTY MARYLAND FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) C. CITY OR TOWN INSIDE CITY LIMITS? YES BALTIMORE NO BALT. CITY HOSPITALS E. STREET AND NUMBER 4940 Eastern Ave., Balto., Md. 21224 21224 5. SEX 6. RACE B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Hours : Min. BE MARRIED NEVER MARRIED Hours ost birthday White WIDOWED DIVORCED 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? disposition dane during most of working life, even if retired) (15A Howard Medical & Drug Co. MARYLAND 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME E ugene Phelps MASTON 15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL 17. INFORMANT EASTERN AVE ADDRESS (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. BALTO., MD. No 213-07-9428 CAUSE OF DEATH APPROXIMATE INTERVAL Or BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY med LEADING TO DEATH (This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF heart failure, asthenia, etc. It means the disease, emba injury or complication which caused death.) regul ANTECEDENT CAUSES DUE TO, OR AS A CONSEQUENCE OF DISEASES OR CONDITIONS, if any, giving to the above cause (A) stating the UNDERLYING CONDITION last. the remains 010 CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A 9A DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, form, factory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exact location) DEATH (notify medical examined obtained 21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR? (except w and (6) OF INJURY Not While While At (APPROX.) Work At Work 22. I certify that (1) (this hospital) attended the deceased from LU 0 that (1) (we) lost saw the deceased alive on. ...and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after deoth. must 23A, SIGNATURE 23B. DATE SIGNED Attending Aed. Director Phys. written approval Phys. 23D. ADDRESS 4940 EASTERN AVE., 23C. PHYSICIAN'S BALTO., MD. 21224 NAME (Type) Ralph Hyden M.D. 24C. NAME of CEMETERY OF CREMATORY 24A. BURIAL CREMATION, 24B. DATE 24D. LOCATION (Stote) (City, town, or county) REMOVAL (Specify) 8/14/68 Burial Baltimore. Maryland Mount Carmel Cemetery 25A. DATE REC'A BY HEALTH 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR John J. Duda, 7922 Wise Ave. Dundalk, Md. VS 150-REV, 1/1/6B

10/31/68 - Crush injury syndrome not Fraumalie hit due to Levere ASVD -Exformation from BCH - Record Room.

	BALTIMORE CITY	HEALTH DEPARTMENT	68- 8234
8 - 8	234 CERTIFICA	TE OF DEATH REG N	00 0234
BIRTH NO.		slwig Sr. 2. DATE AND HOUR OF D	
(Type or Print)	7 Planklin D. II	SIWIS DIE Z. DATE AND HOUR OF DI	A C
3. PLACE IN BALTIMORE, MARYLAND, WHERE PI	TICAMEIIM PONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived	d. If institution: residence before admission)
The state of the s	CONTROL DEAD	A. STATE B. COUNTY	
FULL NAME OF (IF NOT IN HOSPITAL OR I ADDRESS OR LOCATION)		2,42,3,444	33-30
South Baltimore Genera	l Hospital	Dulualk	. INSIDE CITY LIMITS?
Joseth Baltimore		E. STREET AND NUMBER	YES NO A
43	Hospital	1764 Brook	View Rd.
S. SEX 6. RACE 7. MAR	RRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years	If Under 1 Yr. If Under 24 Hrs.
l Maila l hita	OWED DIVORCED	7-17-01   lost birthdoy 6	Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B. KIN		11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Baltimore City Police	Dona wtmant	Maryland	U. S. A.
13. FATHER'S NAME	Dabar emerre	14. MOTHER'S MAIDEN NAME	0. D. A.
Andrew Helw	rig	anna Haberk	com
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of ser		17. INFORMANT (Wife)	Dandalk, Md.
No	216-28-7202	Mrs. Johanna Helwig, 17	64 Brookview Rd.
18. 490 V	CAUSE OF DEATH		APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY			BETWEEN ONSET AND DEATH
LEADING TO DEATH	(A) IMMEDIATE CAU	SE Treumond	4 days
(This does not mean the mode of dying, heart failure, asthenia, etc. It means the dis	e.g., DUE TO OR AS	CONSEQUENCE OF:	***************************************
injury or complication which coused death.)	1	1 - 1	16
ANTECEDENT CAUSES	(a) HIT	maly Tronglaste	1()915
DISEASES OR CONDITIONS, if ony,	, , , , ,	A CONSEQUENCE OF:	Υ
rise to the obove couse (A) stoting UNDERLYING CONDITION lost.	the (c)	Zulhan Clas Class Of	P.D. 10~.
	(C)		
O OTHER SIGNIFICANT CONDITIONS CONTRIBUT	ING		
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO THE TERMINATION GIVEN IN PART 1 (A).		***************************************	
19A. DATE OF OPERATION 19B. CONDITION	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, V	WERE FINDINGS CONSIDERED G CAUSES OF DEATH?
194. DATE OF OPERATION 198. CONDITION WAS PERFORMED	Marchael Land	NO IN CERTIFIE	G CAUSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, of	or obout 21 C. WHERE DID (If In Bo	oltimore City, give exoct location)
DEATH (notify medical examiner)	etc.)		
21D. TIME (Month) (Doy) (Year) (Hour)	21E. INJURY OCCURRED	21 F. HOW DID INJURY OCCUR?	
≥ OF INJURY (APPROX.)	While At Not While		
	Work Al Work		
22. I certify that (I) (this hospital) atten		19to	19
that (I) (we) lost sow the deceased alive	e on	19ond that in (my) (our	) opinion deoth occurred on the dote
and hour and from the causes stated abo	ve. (I) (We) (did) (did not) v	lew the body ofter deoth.	
23A SIGNATURE		/	23 B. DATE SIGNED
John II ( collect.	Afte Phys	Med. Staff Phys.	9/10/68
23C. HYSICIAN'S NAME (Type)	The state of	23D. ADDRESS	Ø /
SINOV CFILLED		South Baltimore General	l Hospital
24A. BURIAL CREMATION, 24B. DATE 2	4C. NAME of CEMETERY OF CRE	MATORY 24D. LOCATION	(City, town, or county) (State)
Burial 8/14/68	Gandone of D. 111		Baltimore, Maryland
200.00.00	Gardens of Faith	2sc. FUNERAL DIRECTOR	ADDRESS
HUG 13 1968 OF C.	To B REGISTRA	John J. Duda, 7922 Wi	
VS 150-REV. 1/1/6B	1		
10 100 NL 1. 1/ 1/ 00			

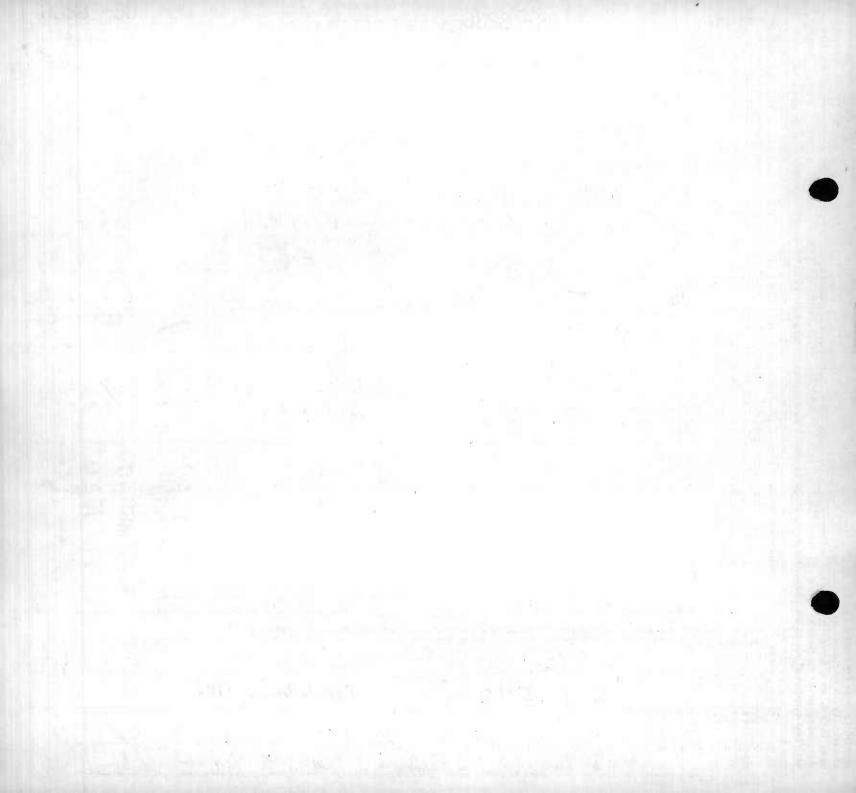


	£ Q_	0000	BALTIMORE CITY	HEALTH DEPARTMENT		0005
		8235	CERTIFICA	TE OF DEATH	REG NO.	68-8235
BIR	TH NO.  AME OF DECEASED Margaret	T. Pet			ND HOUR OF DEATH	
	e or Print) MARGARET	L.	PETERS	5	8-10-68	6755A.M.
3. 1	PLACE IN BALTIMORE, MARYLAND, W	HERE PRONOL	JNCED DEAD	4. USUAL RESIDENCE (Who	ere deceased lived. If inst	itution; residence before admission)
HC	LL NAME OF (IF NOT IN HOSPITAL OR ADDRESS OR LOCA	AL OR INSTITU	JTION, GIVE STREET	MARYLAND C. CITY OR TOWN Edger		E CITY LIMITS?
400	MARYLAND GEN	ERAL	HOSPITAL	BALTIMOR E. STREET AND NUMBER		YES NO NO
				2/32 LOD		
5. \$	1 delta	7- MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years last birthday)	It Under 1 Yr. It Under 24 Hrs. Manths: Days Haurs Min.
	The Condition of C	WIDOWED		2-7-98	70	
	. USUAL OCCUPATION (Give kind of work a during most of working lite, even if retired)	108, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	eign country)	12. CITIZEN OF WHAT COUNTRY?
1	Jouse WIFE			PENNA.		U.S.A.
13.	FATHER'S NAME Harry Musse	allman		14. MOTHER'S MAIDEN NA	ME	
2.	Harry Husse	OTTHER!!		NELLIE I	ockard - N	A 1/
	Was Deceased Ever in U. S. Armed Fores, na ar unknown) (If yes, give war ar date		1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
(16;		2 OI SEIVICE!	214-01-3853	JOHN PETE	. 41 0	SBAND - SAME
-	NO 18. 0 0 4 4 4		CAUSE OF DEAT		ers - Mu	APPROXIMATE INTERVAL
	22017	NECEL W				BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIF	(ECILY	POST O	P BRAINS	WELLING	2 DAVE
	(This does not mean the mode of	dying, e.g.,	(A) IMMEDIATE CAL	A CONSEQUENCE OF:		E K4/3
	heart foilure, asthenio, etc. It means	the diseose,	DUE TO, OK AS	A CONSEQUENCE OF:		
	injury or complication which coused	deoin./	Evaleta	05		2 and a strongly
	ANTECEDENT CAUSES		(B)	N OF MENI	NGIOMA	2 Marties
	DISEASES OR CONDITIONS, if		DUE TO, OR AS	A CONSEQUENCE OF:		
	UNDERLYING CONDITION lost.	storing me	(c)			
	223 V II		(0)			
Z	OTHER SIGNIFICANT CONDITIONS COL	NTRIBUTING				
ATIC	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION GIVEN IN PAR	HE TERMINAL				a=a=va===
2	VA. DATE OF OPERATION 198. CON	DITION FOR V	WHICH OPERATION	20A. AUTOPSY? (Yes or N	a) 208. IF YES, WERE FI	NDINGS CONSIDERED
RTIE	3-8-68 WAS PERI	A (3.7	Irontal menin	sioma No	IN CERTIFYING CAU	SES OF DEATH!
3	21 A. ACCIDENT WAS UNDERLYING	21 B.	PLACE OF INJURY (e.g., i	Or obout 21 C. WHERE DID	(It in Baltimare	City, give exact location
AL	OR CONTRIBUTING CAUSE OF DEATH (notify medical examined)	etc.		fice bldg., INJURY OCCUR?		
DIC	21 D. TIME (Month) (Doy) (Year)	(Haur) 23 C	INJURY OCCURRED	21F. HOW DID IN	ILIPY OCCUP?	
335	OF INJURY		ile At Not White		JOK! OCCOR!	
-	(APPROX.)	Wo				10
	22. I certify that (I) (this haspital	attended t	he deceased from	0.24 26	19 6 8 ta	lus 10, 1968.
	that (i) (we) last saw the decease			2000		ian death accurred an the date
						and the date
1	and hour and fram the causes stat 23A. SIGNATURE	ed obave. (I	/(me) (did nat) v	new the bady after death.		23B, DATE SIGNED
	0 0 0 0 11	1	AHe	nding  Med.  —		
	Charles S. Ha	vusor	M D DEGREE Phy	nding Med. Director	Staff Phys.	8-10-68
	23C. PHYSICIAN'S NAME (Type)			23D. ADDRESS		
	Charles S.	Harris	on M.D. DEGREE	MARYLAND	GENERAL	HOSPITAL
244	. SURIAL CREMATION, 248, DATE		AME of CEMETERY of CRI			, tawn, ar caunty) (Stote)
	REMOVAL (Specify)					
			rkwood Cemeter			imore, Maryland
25A	DATE REC'D BY HEALTH DERT.	13. NAME C	F REGISTEAR COMMA	John J. Dude	7022 Wideo A	ve. Dundalk, Md.
	0001 - 4, 2-10	MACHEN	a successive and	Touca	1 LYPE MISA W	A PORTORIES LIG
1.40	100 DEN 1/1/40					



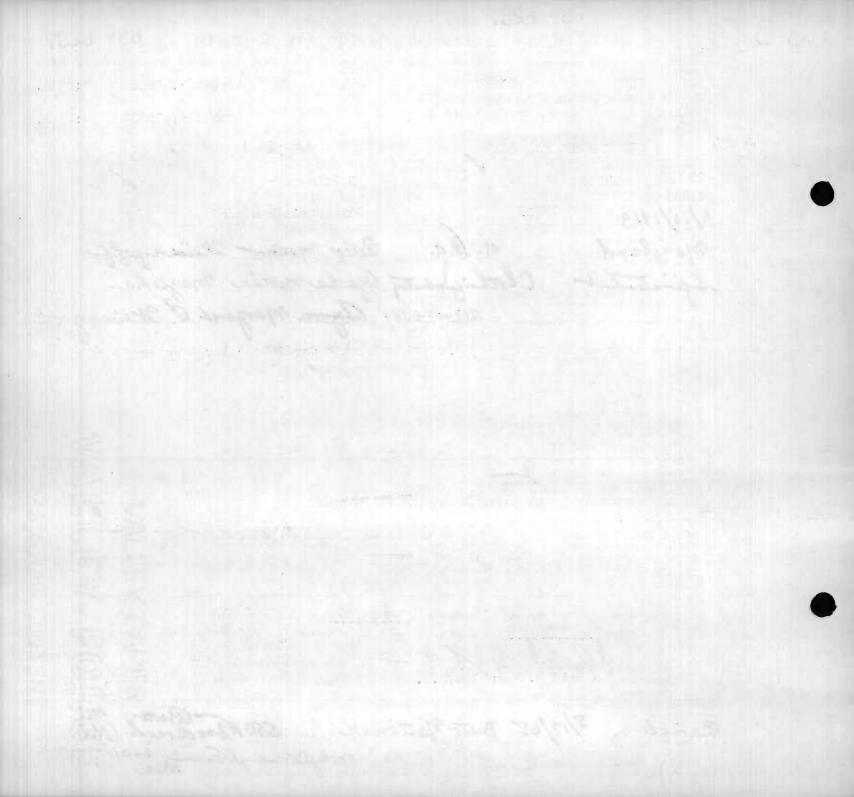
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	•	BALTIMORE CITY	HEALTH DEPARTMENT		68- 8236
B	irth No. 68- 823	CERTIFICAT	TE OF DEATH	Registered No	00 0200
	A.E. CASE NO. NAME OF DECEASED	<b>GENTHIOT</b>		HOUR OF DEATH	
	Type or Print) Robert S R1		A.	S 1910	1111
3	PLACE OF DEATH IN BALTIMORE, MARYLAND	22AK4	4. USUAL RESIDENCE (Where	deceased lived. If ins	titution: residence before admission)
		0	A. STATE B. COUNT	Υ	The state of the s
	FULL NAME OF (If not in hospital or institution, grundless or location)	ra straet	Ind.	4-49	
	INSTITUTION		C. CITY OR TOWN (If outs	ide city limits, writa R	JRAU and give township
	4430 MARble HAI	ROAd	DAITIMORE		
	00		11.1.0 00 1	urol, give location)	p 1
	0.0		4430 MARL		ra.
5		DIVORCED (specify)		. AGE (In yours	If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.
		ried	June 14, 1904	64	
	6A, USUAL OCCUPATION (Give kind of work 10 B, KIND OF B one during most of working life, even if retired)	USINESS OR INDUSTRY	11. BIRTHPLACE (State or foreig	n country)	12, CITIZEN OF WHAT COUNTRY?
	SAlesman Auto	mobile	MARY And		U.S.A.
1	3. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	\E	07777
	Par A Blinner	1	Emma	1:1	
1	5. Wos Deceosed/Ever in U. S. Armed Forces?	6. SOCIAL	17. INFORMANT	GIBSON	ADDRESS
ic	(es, no ar unknown) (If yes, give war ar dates of sarvice)	SECURITY NO.	ON T	0 5	P All All
	No	213-12 3265	11/23. Lessica	Blizzned	pattimore, Ma.
	18.4.12.21	CAUSE OF	DEATH	1)	INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY		+ 1 - 1	/ //-	0 1 1-
	LEADING TO DEATH	(A) CL	ente heart for	culion	commedities
	(This does not mean the made of dying, o.g., heart failure, asthenia, etc. It means the disease,	DUE 10 -	, 1		
	injury at camplication which caused death.)	H	determed de	least Droca	de la
	ANTECEDENT CAUSES	DUE TO	AISCUD		J. J. S.
	DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the	(6)	AISCUU		
	UNDERLYING CONDITION last.	(C)			
	4 43 X II				
	Z CTUES CONTROLLED CONTROLLED				
	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				
	19A. DATE OF OPERATION 19B. CONDITION FOR WH	HICH OPERATION	20A. AUTOPSY? (Yas ar Na)	20B. IF YES, WERE F	NDINGS CONSIDERED
		-	No	628 1110 676	JES OF BEATH.
	OR CONTRIBUTING CAUSE OF home,	LACE OF INJURY (e.g., in form, factory, street, affi	or about 21 C. WHERE DID	(If in Baltimare	City, give axact location)
	DEATH (notify madical examiner) etc.)				
	W OF MILLIAN	NJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?	
	(APPROX.) While	At   Not While At Work		-	1
				63 to 8	10 10 11
	22. I certify that (1) (this hospital) attended the	Geceased fram			19 6
	that (1) (we) last sow the deceased alive on			t in (my) (aur) opin	ion deoth accurred on the dote
	and hour and from the causes stated above.	(ye) (did) Olid not) vi	ew the body after death.		
	23A. SIGNATURE	AA D. Attor	nding Med.	Stoff	23B. DATE SIGNED
	Willer,	Phys	. Director L	Phy s.	8/9/6/
1	23C. PHYSICIAN'S NAME (Type)	2:	3D. ADDRESS	na l	
	W. J. PIliN	M.D.	KANdMIstown	, md.	
2		AE of CEMETERY OF CREA	MATORY 24D. LO	CATION (City	, town, or county) (Stota)
	BUDIA 8-11-18 YI	Jesther Form	den Camita	Interior De	md
2	5A. DATE REC'D BY HEALTH DEPT.   25B. NAME OF	REGISTRAR	25C. FUNERAL DIRECTOR	yasoule,	ADDRESS
	AUG 1 3 1968 (P.O., 6	2 Fallmas	2400 YI	Haralot	Sidewith Mid
11		- A - Allegania	T.TUULIY LUU	1 TUWWU	ANDUITED III.

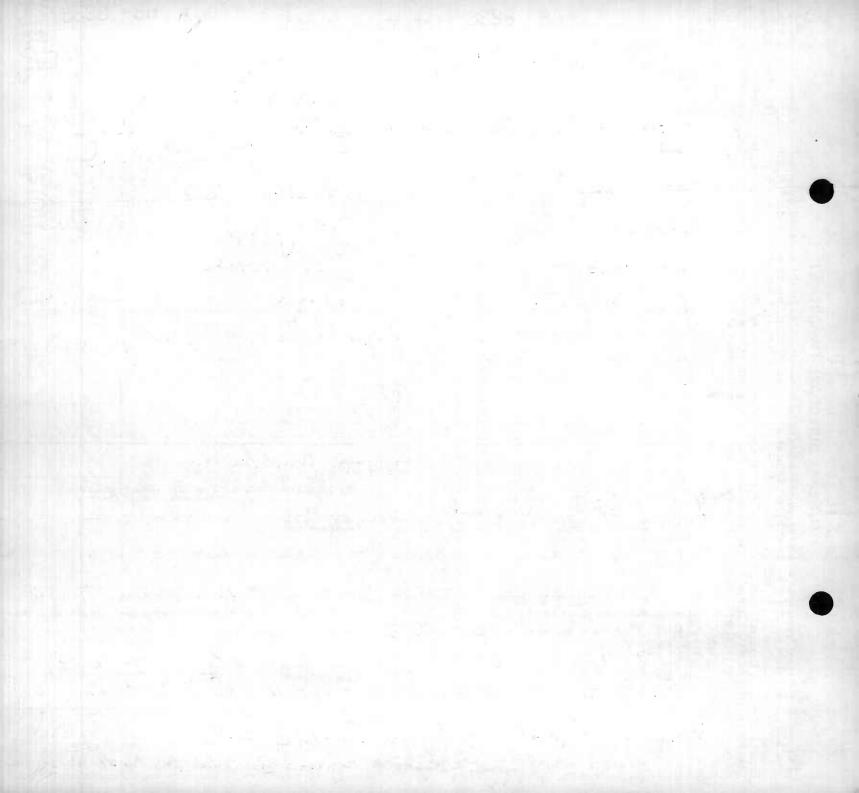


1 68- 8237 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE

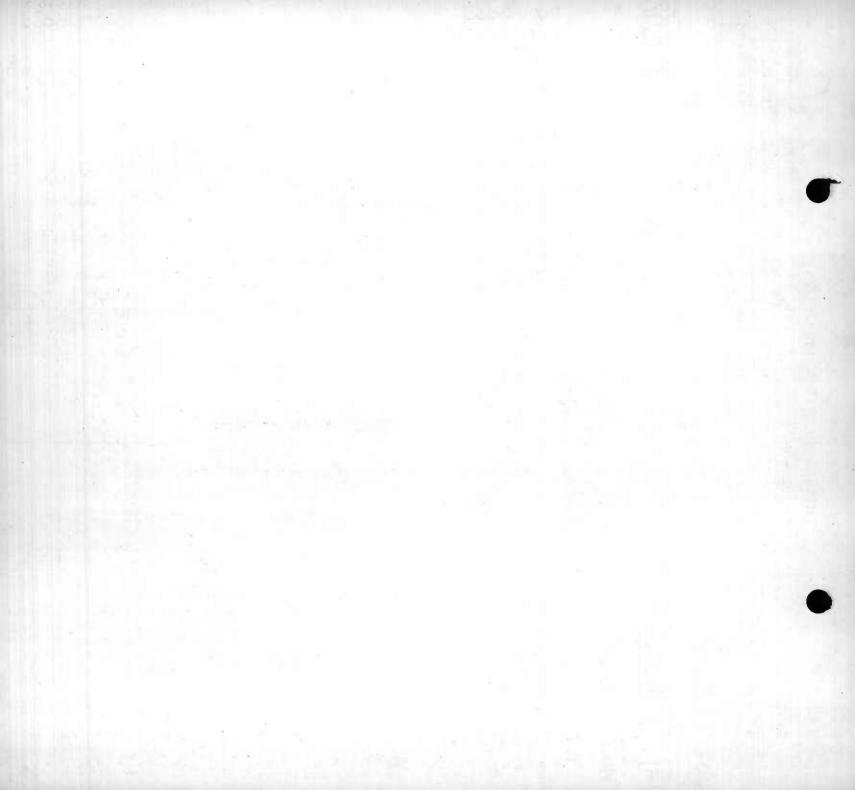
MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. N	. 68- 8237
I. NAME OF DECEASED (Type or Print) LEO  WEISENGOFF    2. DATE   Month   Doy   OF   DEATH   Estimoted   August 9, 1	1111.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)  3. DATE Month Doy  AUGUST 9, 3  5. USUAL RESIDENCE (Where deceased lived, if Institution)	141:
SINAI HOSPITAL (DOA)  A. STATE  Maryland  B. COUNT	5-04
6. SEX MARRIED NEVER MARRIED C. CITY OR TOWN D. INSTER	YES NO
9. DATE OF BIRTH  1 / 1c / 1913  10. AGE (In yeors   If Under 1 Yr. If Under 24 Hrs.   E. STREET AND NUMBER   Hours   Months   Doys   Hours   Min.   905 Nottingham Road	
11. BIRTHELACE (Stote or foreign country)  12. CITIZEN OF WHAT COUNTRY?  WHAT COUNTRY?  14A. USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY) 15. MOTHER'S MAIDEN NAME	rgoff
done during rest of working life, even if retired) Clothing marty agatha martha mare	ika
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, to or unknown) (If yes, give wor or dotes of service)  17. (SOCIAL SECURITY NO. 18) INFORMANT SECURITY NO. 1212 - 09-67-6784	Weigenall
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not mean the mode of dylng, e.g., heart follure, osthenio, etc. It means the disease, lajury or complication which coused death.)  CAUSE OF DEATH  Arteriosclerotic Cardiovascular Disease (A) IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF:	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  II  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED	
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED	21. AUTOPSY? (Yes or No)
22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.  22B. PLACE OF INJURY(e.g., in or obout lower, form, foctory, street, office bldg., etc.) INJURY OCCUR?  12B. PLACE OF INJURY(e.g., in or obout lower low	exoct locotion)
OF INJURY (APPROX.)  MHILE AT NOT WHILE AT WORK  AT WORK	
I certify that I held an Inquiry Inspection Autapsy and that on this bosis, death in meresulted fram: Natural couses Accident Suicide Hamicide Undetermined manner CHIEF MEDICAL EXAMINER SIGNATURE SIGNATURE RONALD No. Kornblum, M.D. ASSISTANT MEDICAL EXAMINER NAME (Type)	
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City to	own, or county) (Stole)
VS 151-REV. 1/1/68	660 i Frederick ave



	NAME AND	6	8-82	38 CERTIFICA	TE OF DEATH	REG. NO.	58-8238	
(	NAME OF DEC	EASED  O O O O O O O O O O O O O O O O O O O	WHERE PROP	llert	2. DATE AND	HOUR OF DEATH	625A	D <sub>M</sub> .
	FULL NAME OF	V	PITAL OR INS	TITUTION, GIVE STREET	A. STATE B. COUNT	2 Balts	53-00 E CITY LIMITS?	)
ai l	SINA 42	1 Hopital	of Ba	. Etimore Ine	E. STREET AND NUMBER	Tom Pa	YES NO D	
R 1	S. SEX	6. RACE	7. MARRII	D NEVER MARRIED	B. DATE OF BIRTH	. AGE (In years	If Under 1 Yr. , If Under 24	
E	m.	w	WIDOW	DIVORCED	1/8/1905	birthdoy 3	Months Doys Hours M	
		UPATION (Give kind of v working life, even if retire		OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or foreig	n country)	12. CITIZEN OF WHAT COUL	NTRY?
OSITIO	Bent	at			Maryelan	~el	NSa	
50	3. FATHER'S NA	ME			14. MOTHER'S MATTEN NAM	В		
dsip	Sol	anno			min	ne		
	5. Wos Deceosed	Ever in U. S. Armed	Forces?	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS	
L L	You	ww	71	SECORITI NO.	Works		Some	-
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	DISEAS	SE OR CONDITION	DIRECTLY	0	Award Akdon	inal Ane	BETWEEN ONSET AND D	PEATH
E Dal E Ba		LEADING TO DEAT		(A) IMMEDIATE CAI	SE	0,00	1 5 year	
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0	,	ANTECEDENT CAUS	ES	(B) / S	CVD			
are		OR CONDITIONS, e obove couse (			A CONSEQUENCE OF:			
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before the remains	- 451	× 11			. h .//			
E	OTHER SIGNIE	FICANT CONDITIONS			usia Renal fe	aveure		
0	DISEASE OR C	ONDITION GIVEN IN	PART 1 (A).		120A	000 IF VEG 111505 01	Nallica concincia	
Ę	19A. DATE OF	7 - ID WAS	ERFORMED	R WHICH OPERATION	20A. AUTOPSY? (Yes or No)	IN CERTIFYING CAU	NDINGS CONSIDERED SES OF DEATH?	
o Le	21A. ACCIDE	NT WAS UNDERLYING	Very	21B. PLACE OF INJURY (e.g.,	in or obout 21 C, WHERE DID	(If in Boltimore	City, give exact location	
6	OR CONTRIBL	TING CAUSE OF	- 0	nome, form, foctory, street, c	ffice bldg., INJURY OCCUR?			
	U	(Month) (Doy) (Ye		PIE. INJURY OCCURRED	21 F. HOW DID INJU	DV OCCUP?		_
e e	OF INJURY	(101011111) (100)		While At Not Whi		AT OCCOR.		
ptained	(APPROX.)			Work At Work		45		_
0	22. I certify	that (1) (this haspi	tal) attende	d the deceased fram	4) - 7 - 1º	68 10 P-	-/0 19-60	1
9		last saw the dece			19 8 and tha	t ln(my) (aur) apln	lan death accurred an the	date
	and have and	d fram the causes s	tated abave	(ven bib) (by) (D).	view the bady after death.			
5	23A. SIGNATU	JRE .	,	1			23B. DATE SIGNED	
_	Ch	haga	gost	DEGREE Phy	ending Med. ps. Director	Phys. Haga	8-10-68	
>	23 C. PHÝSICIA NAME (T	(N'S			23D. ADDRESS	doll D	nd. 0	
p	M.	NAGAYOSA	11	OEGREE	SINAI HOSP	11al 8/ 150	estimore su	c,
0	REMOVAL		, 24C	NAME of CEMETERY OF CR	EMATORY 3 24D. LO	CATION (City	, town, or county)	ite)
e	Busia	8/11	168	Helman-	Frendal A A	alto	ma	
Written	25A. DATE REC'D	BY HEALTH DEPT.	25B. NAM	E OF REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS	100
3		AUG 1 3 196	8 0.0.	ut 2, Janley Ma	Sylvans Le	inod Son, INK	9610 Reslugly	un
F	/S 150-REV. 1/1/				10.		100	

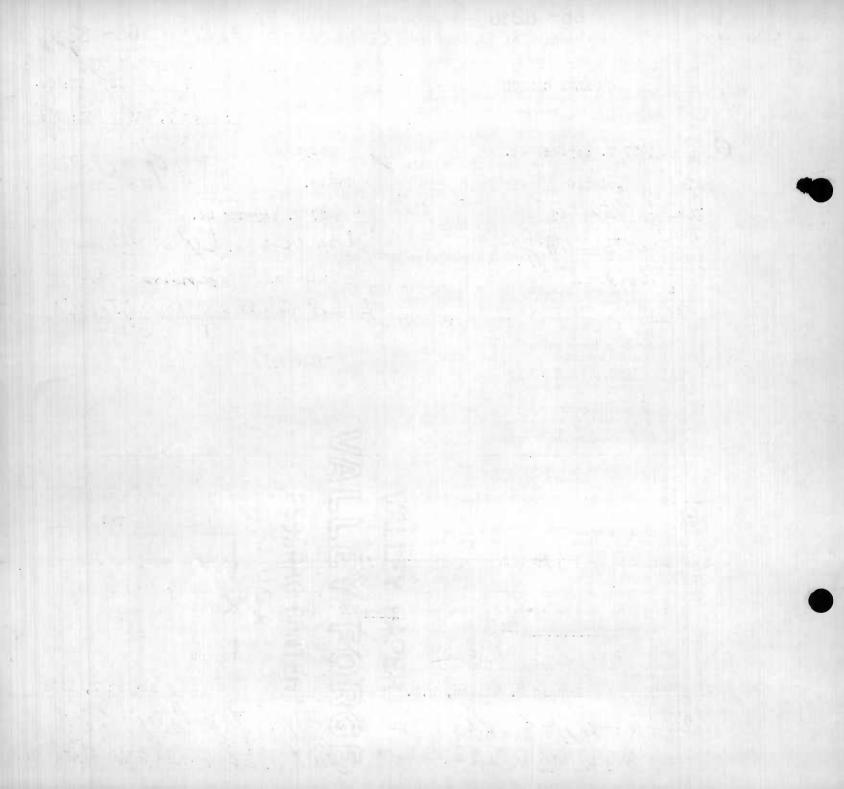


VS 150-REV. 1/1/68



68- 9940

MEDICAL EXAMINER'S		68- 8240
BIRTH NO.	REG. NO	0.020
1. NAME OF DECEASED (Type or Print)	2. DATE Known X Month Day	Yeor Haur
CHARLES CANNON	OF DEATH Estimoled 1 8 7	68 11:09a M.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Day	Yeor Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION GIVE STREET ADDRESS OR LOCATION)	PRONOUNCED DEAD  August 7,  5. USUAL RESIDENCE (Where deceased lived. If institution:	1968 11:09 a M.
0	A. STATE B. COUNTY	, and the border commencery
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	Maryaand C. CITY OR TOWN D. INSIDE CA	V HAAITCE STIAAIL V
Male colored WIDOWED DIVORCED	Balto. YES	NO L
9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months, Doys, Hours, Min.	1427 W. Fayette St.	
J. BIRTHPLACE (State or foreign country) 12. CITIZEN OF	13. FATHER'S NAME	1
Deler eton Mad. WHAT COUNTRY?	James aleker	de
144 USUAL OCCUPATION (Give kind of work) 49. KIND OF BUSINESS OR INDUSTR	15. MOTHER'S MAIDEN NAME	
done during most of working life, even ifretired)	Grand Cana	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 117. SOCIAL	18, INFORMANT AD	DRESS
(Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	Val - 11/1/2 - 0.0	Tode
19. CAUSE OF DEA	The same of the same	APPROXIMATE INTERVAL
3 43 1		BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY		
LEADING TO DEATH (Ihis daes not mean the mode of dying, e.g.,  (A) IMMEDIATE ( DUE TO, OR A		
heart failure, osthenio, etc. It meons the disease, injury or complication which caused death.)	AS A CONSEQUENCE OF:	
indery or completellor which causes decili.)		- 4 - 1 - 1 - 1 - 1
ANTECEDENT CAUSES (8)	AS A CONSEQUENCE OF:	
RISE TO THE ABOVE CAUSE (A) STATING THE	AS A CONSEQUENCE OF:	
UNDERLYING CONDITION LAST. (C)		***************************************
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL		
DISEASE OR CONDITION GIVEN IN PART 1 (A).		
20 A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	AS PERFORMED	21. AUTOPSY? (Yes or No)
		YES
22A. EXTERNAL CAUSE WAS 22B. PLACE OF INJURY (e.g.,	in ar about 22C. WHERE DID (if in Baltimore City, give exact bldg., etc.) INJURY OCCUR?	locotion)
UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.  22D. TIME (Month) (Day) (Year) (Haur) 22E NJURY OCCURRED	o bidg., tree, it is one occor.	
22D. TIME (Month) (Day) (Year) (Haur) 22E.INJURY OCCURRED	22F. HOW DID INJURY OCCUR?	
(APPROV.)	WHILE ORK	
23.		
I certify that I held on Inquiry Inspection Au	topsyXX and that on this basis, death in my a	pinion
resulted from: Natural couses XX Accident Suicide	de Homicide Undetermined monner	
	CHIEF MEDICAL EXAMINER	
ACTUAL DA ALTON S	ASSISTANT MEDICAL EXAMINER	DATE SIGNED
SIGNATURE M.D	ASSOCIATE MEDICAL EXAMINER	
NAME(Type) Edward F. Wilson, M.D.	AU	igust 7, 1968
24A. BURIAL CREMATION, 248. DATE , 24C. NAME of CEMETERY		
REMOVAL (Specify)	Cometan latter 11th	1 Mid
DATE DECID BY HEALTH DEDT	25C. FUNERAL DIRECTOR	DRECC
25A. DATE REC'D BY HEALTH PEPT.		DRESS
AUG 13 1968 Robert E. Farley	bal Lunore	'W' Hoth du
VS 151-REV. 1/1/68	0 1.0	

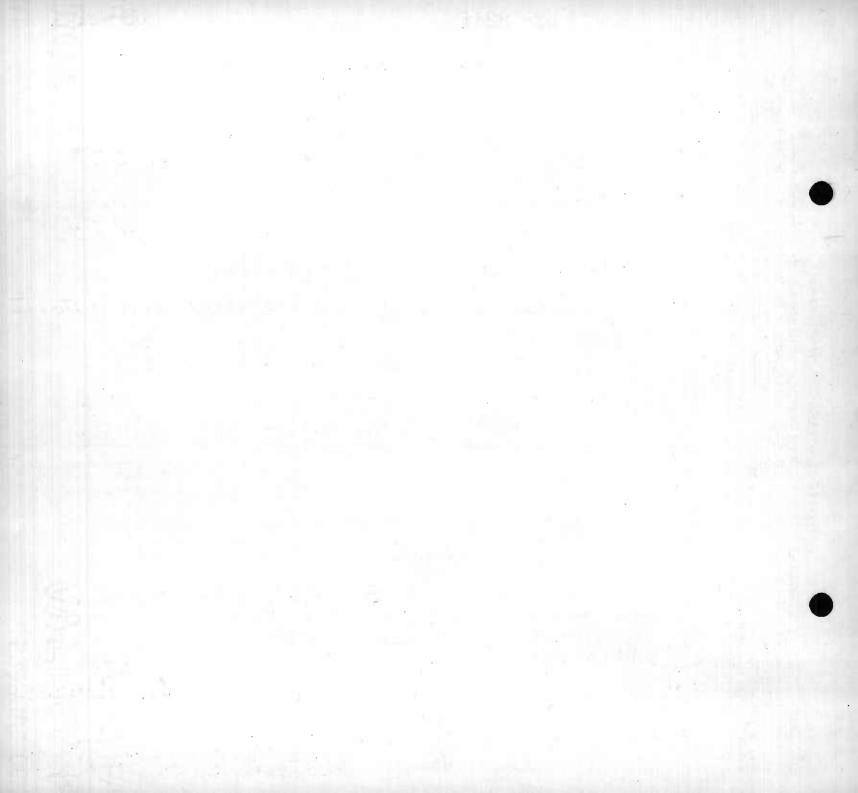


VS 150-REV. 1/1/6B

00 00 44	BALTIMORE CITY HEALTH DEPARTMENT
68-8241	CERTIFICATE OF DEATH

REG. NO. 68- 8241

BIRTH NO.			
1. NAME OF DECEASED	, , , , , , , , , , , , , , , , , , , ,	2. DATE AND HOUR	OF DEATH
MARION EL	LSWORTH E	NSEV Hyg	12 1968 M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE P		4. USUAL RESIDENCE (Where defease	ed lived. If institution: residence before admission)
SHILL NAME OF ALL MOT IN HOSPITAL OR	INICITITION CIVE STREET	1 1	10-03
FULL NAME OF (IF NOT IN HOSPITAL OR ADDRESS OR LOCATION)	INSTITUTION, GIVE STREET	C. CITY OR TOWN	D. INSIDE CITY LIMITS?
INSTITUTION		and the second s	
1		BALTIMORE STREET AND NUMBER	YES NO NO
TBON SECOURS +	tosp.Tal.	LO 3 7 PL	T' ) of
		172/ ChR1	SIIAN SI.
S. SEX 6. RACE 7. MA	RRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (	
MALE WHITE WIDE	OWED DIVORCED	DAN. 11, 1896 7	2
IDA. USUAL OCCUPATION (Give kind of work 108. KI	ND OF BUSINESS OR INDUSTRY	11. BIRTHPLA CE (State or foreign country	12. CITIZEN OF WHAT COUNTRY?
done during most of working life, even if retired)	.,	11	1101
	SIDENTIAL	MARYLAND	4-S-A.
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
NATHAN E	- S = V	Augus Son	£5
S. Wos Deceased Ever in U. S. Armed Forces?	1 6. ADCIAL	17. INFORMANT	ADDRESS
Yes, no or unknown) (If yes, give wor or dotes of se		n	
YES. WORLD WARI	218-09-8236	GENEIEUE Ens	Ex 1927 Christian ST
18. 1. 1. 0 0 1	CAUSE OF DEAT	H Och	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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LEADING TO DEATH	(A)IMMEDIATE CAL	ise My oranded A	wherethe
(This does not mean the mode of dying,	e.g., DUE TO, OR AS	A CONSEQUENCE OF:	
heart failure, asthenio, etc. It means the di injury or complication which coused death.	sease,	0	
ANTECEDENT CAUSES	AS	SCAD	
	(8)	A CONSEQUENCE OF:	
DISEASES OR CONDITIONS, if any, rise to the obove couse (A) stating	giving DUE 10, OR AS	A CONSEQUENCE OF:	
UNDERLYING CONDITION lost,	(c) Journe	i my pertension	
1/201 11	, , , , , ,		
TOTHER SIGNIFICANT CONDITIONS CONTRIBU	TING		
TO THE DEATH BUT NOT RELATED TO THE TERM		**************************************	
DISEASE OR CONDITION GIVEN IN PART 1 (A).	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No) 20B. IF	YES. WERE FINDINGS CONSIDERED
19A-DATE OF OPERATION 19B. CONDITION WAS PERFORME		- KIO IN CEI	YES, WERE FINDINGS CONSIDERED RTIFYING CAUSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING	21B. PLACE OF INJURY (e.g.,	n or about 21 C. WHERE DID	(If in Boltimore City, give exact location)
OR CONTRIBUTING CAUSE OF	home, form, foctory, street, o	ffice bldg., INJURY OCCUR?	(if it bottlinore City, give exoct locotion)
DEATH (notify medical examiner)	etc.)		
21 D. TIME (Month) (Doy) (Year) (House	21E INJURY OCCURRED	21 F. HOW DID INJURY OC	CUR?
OF INJURY (APPROX.)	While At Not Whi	• 🗆	
The B	Work At Work	- 1 M	<i>y</i> ,
22. I certify that (1) (this hospital) atter		5 - 16 19 50	.to1919
that (I) (we) lost sow the deceased aliv	e on 5-16	19 68 and that In(m)	(our) opinion death accurred on the date
and haur and from the causes stated abo	ve. (I) (We) (did) (did soft)	view the hady after death	
23A. SIGNATURE	ver (t) (the) (dra) and help	new file body offer doons	23B, DATE SIGNED
JAAAAAAAAA	MAD AH	ending Med. Staff	9 12 -68
y cower crava	OEGREE Phy		8 = 12 = 40
NAME (TOPOTA)	DOLLENA MAD	23D. ADDRESS	016
UCIAVIU de MA	RCHENA MD	2,32 WWec	ns Ave Date 21223
24A. BURIAL CREMATION, 24B. DATE	24C. NAME of CEMETERY OF CR	000	(City, town, or county) (State)
REMOVAL (Specify)			
BURIAL 8-16-68	BALTIMOREI	VATIONAL BALTI	
	AME OF REGISTRAR	256. EUNERAL DIRECTOR	6 THEN EAGLADDRY ONE
400 TO 1300 OFF	CATO E STOCKENHA	2/0.11	I do the free and



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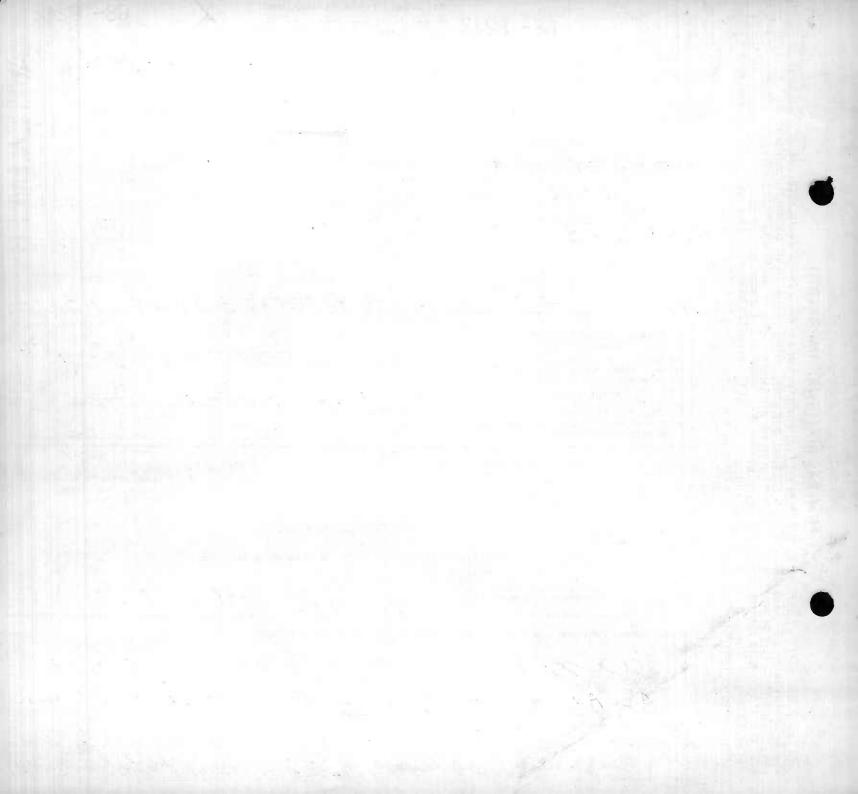
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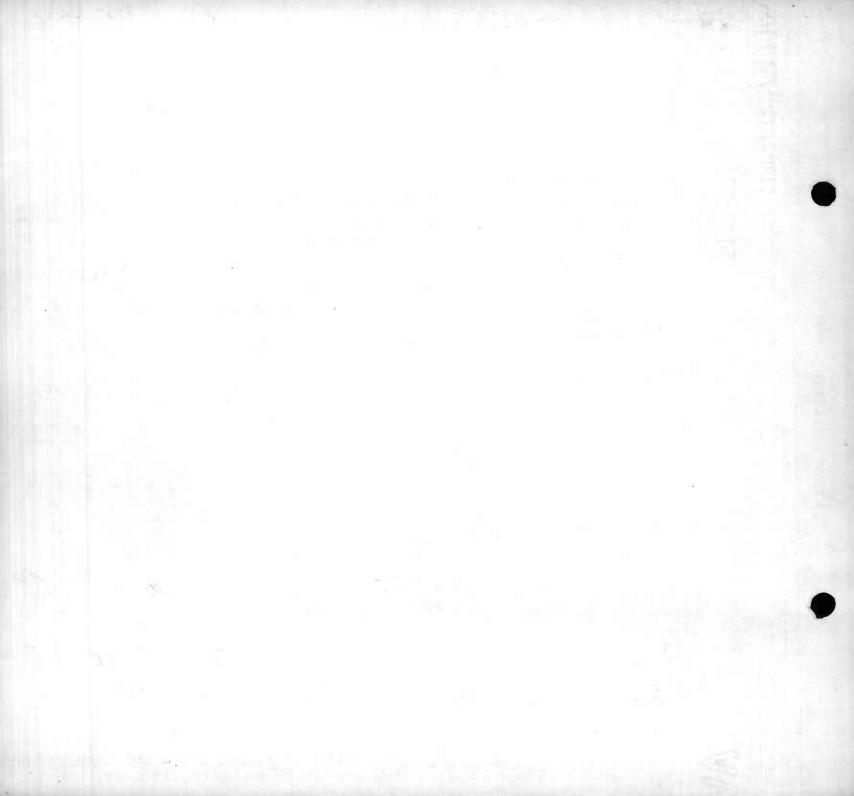
If Under 24 Hrs.

(Stote)



FUNERAL DIRECTOR: IMPORTANT

AND OF CHARTER SALTIMORE, MARILAND  FULL NAME OF STATE OF DATE IN BALTIMORE, MARILAND  FULL NAME OF STATE OF CHARTER SALTIMORE, MARILAND  SEE ADDESS OF CHARTER SALTIMORE, MARILAND  SEE ADDESS OF CHARTER SALTIMORE, MARILAND  SEE ADDESS OF CHARTER SALTIMORE, MARILAND  FULL NAME OF SALTIMORE, SALTIMORE, SALTIMORE SALTIMORE SALTIMORE SALTIMORE OF CHARTER SALTIMORE SALTIMO	BIRT	1 No. 35 68-	00.49	TE OF DEATH	Registered No.	68- 824
PRACE OF DEATH IN BARMADER, MARILAND  PRACE OF DEATH IN BARMADER, MARILAND  PRACE OF DEATH IN BARMADER, MARILAND  BALTIMETER  BOD STREET DORRES  BOD STREET ROPES  BALTIM CREE  BALTIM CREE		L CASE NO.	CLKTITICA		ND HOUR OF DEATH	./97
SEE ACE IN MARKED NEVER MARKED		e or Print) A				13 13
FULL NAME OF BOTH AND IN A COLURS of Institution, give sheet address or location in the time of the sheet and the sheet and the sheet are included as a column of the sheet and the sheet are included as a column of the shee	3. P	PLACE OF DEATH IN BALTIMORE MA	RYLAND			n stitution: residence before adm
ROSTITUTION  THOSTITUTION  BOOD SPECURS  CERTOR TOWN III custides city limits, write KURAL and give township)  BOOD SPECURS  SEE  BOOD SPECURS  PARABED, NEVER MARRIED  BOOD SPECURS  BOOD SPECURS  PARABED, NEVER MARRIED  BOOD SPECURS  PARABED, NEVER MARRIED  BOOD SPECURS  BOOD SPECURS  PARABED IN UNDER THE Under 1 for 1 f				A. STATE B. COU	Bul	A.C. 53-00
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A USUAL OCCUPATION (Give kind of word) Too, and word, w	5	42	//	D. STREET ADDRESS	/	
MIDOWED DIVORCED (specify)  MI		700		-		E
DALSHAL OCCUPATION (Give lind of weathing) & HOLD OF BUSINESS ON INDUSTRY 1. BIRTHALCE (side or foreign country)  PINTER (Tettred)  Balto.News-Post  MARCHAND  ANDRESS  ANDRESS AND Seased Same in U. S. Amage Faces?  Torno of unknown will year, give wor of doles of service)  10. SOCIAL  SECURITY NO.  CAUSE OF DEATH  (This does not mean like mode of dying, e.g., heart failure, oil, in one down)  ANTECEDENT CAUSES  DISEASE OR CONDITIONS, if only, giving inso to the above cause (A) sloling like  UNDERTING CONDITIONS (I only, giving inso to the above cause (A) sloling like  UNDERTING CONDITION CONTRIBUTING  TO THE DEATH UNTO SELATED TO THE  DISEASE OR CONDITION CONTRIBUTING  TO THE DEATH UNTO SELATED TO THE  DISEASE OR CONDITION CONTRIBUTING  TO THE DEATH UNTO SELATED TO THE  DISEASE OR CONDITION CAUSING II.  19. ALL CECIPITY WAS UNDERTING OF OPERATION  WAS PERSONNEL TO THE  DISEASE OR CONDITION CAUSING II.  19. ALL CECIPITY WAS UNDERTING OF OPERATION  WAS PERSONNEL TO THE  DISEASE OR CONDITION CONTRIBUTING  TO THE DEATH UNTO SELATED TO THE  DISEASE OR CONDITION CAUSING II.  19. ALL CECIPITY WAS UNDERTING OF OPERATION  WAS PERSONNEL TO THE  DISEASE OR CONDITION CAUSING II.  22.1 Locatify that (I) (this hospitol) ottended the diseases of like of the course of the	5. \$	6. RACE	WIDOWED, DIVORCED (specify)	3-5-87	9. AGE (In years lost birthdoy)	Months Doys Hours
PTINTER (retired) Balto. News-Post MARYLADD U.S. A.  Frankers name  Jethner (retired) Balto. News-Post MARYLADD  Jethner (retired) Balto. News-Post Maryland  Jethner (retired) Balto. News-Post Maryland			108. KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or fo	reign country)	
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The peath but not related to the Disease or Conditions Contributing  20A. Autopsy? (Yes of No)  20A. Autopsy? (Yes of No)  20B. If yes, were findings considered in cernifying causes of death?  21A. Accident was underlying cause of death?  21A. Burling caus		rise Ia the abave cause (A) UNDERLYING CONDITION Iasi.				/
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DEATH (notify medical exominer)	CERTIFIC			20A. AUTOPSY? (Yes of I	No. 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
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22. I certify that (I) (this hospital) ottended the deceased from  19 that (I) (we) lost saw the deceased alive on  19 and that In(my) (our) opinion death occurred on the one of the following of the death.  23A. SIGNATURE  23A. SIGNATURE  23A. SIGNATURE  23B. DATE SIGNED  23C. PHYSICIAN'S  WAMPITYPE  44. BURIAL CREMATION  24B. DATE  24C. NAME of CEMETERY of CREMATORY  24D. LOCATION  (City, town, or county)  25C. FUNERAL DIRECTOR  Baltimore, Maryland  25C. FUNERAL DIRECTOR  Witzke Funeral Dir. 4101 Edmonds  25C. FUNERAL DIRECTOR  Witzke Funeral Dir. 4101 Edmonds	DIC		(Hour) 21E. INJURY OCCURRED	21F. HOW DID IN	IJURY OCCUR?	
22. I certify that (I) (this hospital) attended the deceased from  19 to -19  that (I) (we) lost saw the deceased alive on 19 and that In(my) (our) apinion death occurred on the one on the following of the death.  23A. SUCH ATURE  23B. DATE SIGNED  23B. DATE SIGNED  23B. DATE SIGNED  23C. Physician's Made (Type)  23D. Address  23D. Address  23D. Address  23D. Address  23D. Address  23D. Address  24D. Location (City. town, or county)  24D. Location (City. town, or county)  24D. Date (County)  25D. Address  25D. Funeral Dir. 4101 Edmonds  25C. Funeral Dir. 4101 Edmonds	×		While AI Not Wh			
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23A. SIGNATURE  Control del Campo. M.D. Attending Med. Director Phys. Stoff  23C. PHYSICIANS  MAMPITYPE  4A. BURIAL CREMATION, 24B. DATE  24C. NAME of CEMETERY of CREMATORY  24C. NAME of CEMETERY of CREMATORY  24C. NAME of CEMETERY of CREMATORY  24D. LOCATION (City, Iown, or county)  25D. May Delta Director  24D. LOCATION (City, Iown, or county)  25D. May Delta Director  25D. Address  Witzke Funeral Dir. 4101 Edmonds		and hour and fram the couses stat	ed above. (1) (We) (did) (did not)			
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REMOYAL (Specify)  Burial - Mausoleum Baltimore, Maryland  SA. DATE RECOIL HEALTH OFFT   258 NAME OF REGISTRAN   25C. FUNERAL DIRECTOR   Witzke Funeral Dir 4101 Edmonds	4		Vel CAMPO M.D			BALTO, MO
5A. DATE RECOUNT HEALTH OFFT 258, NAME OF REGISTRAN Witzke Funeral Dir4101 Edmonds	Bu	REMOVAL (Specify)	Tammaina Dani			
Rolltimona Miles	25 A	Tellii ' '		25C. FUNERAL DIRECTO	) R	ADDRESS
		150-REV. 1/1/65	and a second of			ltimore Wa 9



VS 150-REV. 1/1/6B

NAMES AND STREET SOUTH STREET en a really established

1 7 -11/1	004		HEALTH DEPARTMENT	REG NO	68- 8246
BIRTH NO.		CERTIFICA	TE OF DEATH		00. OA11
1. NAME OF DECEASE  (Type or Print)				AND HOUR OF DEATH	1-04
3 PLACE IN RAITIMO	DAIRELL, Ha		4. USUAL RESIDENCE (V	7-68 /here deceased lived, If in	5:24 p.
G o b FULL NAME OF HOSPITAL OR			A STATE B. CO	UNTY	-6
FULL NAME OF	(IF NOT IN HOSPITAL OR INSTITU ADDRESS OR LOCATION)	TION, GIVE STREET	C. CITY.OR TOWN	ID. NS	IDE CITY LIMITS
NOITUTITAN			Ballo.	3.410	YES NO
55			E. STREET AND NUMBER	CAn	1
	s Hopkins Hospi		1319 n	calen	Al
5. SEX 6. R	ACE 7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	Months Doys Hours
Female N	Negroid WIDOWED		3-19-36	32	Vo. 1
done during most of worki	NON (Give kind of wark 108, KIND OF ng life, even if retired)	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State of I	oreign country)	12. CITIZEN OF WHAT C
NON	E		1016.		
13. FATHER'S NAME	?		14. MOTHER'S MAIDEN	IAME )	
				•	
15. Was Deceased Ever (Yes, no or unknown) (If y	r in U. S. Armed Forces? res, give wor or dotes of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	well 131	G ADDRESS
			Joseph Ni	week 151	11. Call
18.3 9 4	. 01	CAUSE OF DEAT	1		APPROXIMATE IN
	R CONDITION DIRECTLY		0 111	0	
e	DING TO DEATH	(A)IMMEDIATE CAL	SE Probable	Chrythm	war.
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	otian which coused death.)	u	alve - m	tare- Edeo	0
	ECEDENT CAUSES	(B)	//	ucras Va	
	CONDITIONS, if any, giving bave cause (A) stoting the	DUE TO, OR AS	A CONSEQUENCE OF:	1 1 1 11	/
UNDERLYING CO		(c) UY 77 L	) - Ghulist	- through	1
- 410X	11	. /			
TO THE DEATH BU	NT CONDITIONS CONTRIBUTING	Hyper	ventilalio	r.	
4 DISEASE OR COND	ERATION GIVEN IN PART 1 (A).	HICH OPERATION	20A. AUTOPSY? (Yes or	No) 20B. IF YES. WERE	FINDINGS CONSIDERED
19A. DATE OF OPI	WAS PERFORMED		Yes	IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
U 21A. ACCIDENT V	VAS UNDERLYING 21B.	PLACE OF INJURY (e.g., i	n or obout 21 C. WHERE DIE	(If in Boltimo	re City, give exoct location)
DEATH (notify med	G CAUSE OF home	e, roim, roctory, street, of	ffice bldg., INJURY OCCUR	· .	
21D. TIME (M	onth) (Doy) (Year) (Hour) 21E,	INJURY OCCURRED	21 F. HOW DID	INJURY OCCUR?	
OF INJURY	Whil	e At Not Whit	e 🗍		
			2400 2/7	19 68 ta	10
22, I certify that that (I) (we) las	t (I) (this haspital) attended the	LASO 21	7 10/3		
					nian death accurred an
and have and fro	m the causes stated above (1)	(We (did) (did nat) v	riew the bady after dear	h.	ODD DATE CICHED
23A. SIGNATURE	10/11=	1/2	ending Med.	Stoff -	23 B. DATE SIGNED
tream	ik C. Clm	DEGREE Phy	s. Director L	Staff Phys.	8/8/68
23C. PHYSICIAN'S NAME (Type)			23D. ADDRESS		
I	Frank C. Arnett,	M.D.	The Johns	Hopkins Ho	spital
24A. BURIAL CREMAT REMOVAL (Speci	ION, 248. DATE 24C. NA	ME of CEMETERY of CRI	EMATORY 24D	LOCATION (C	ity town, or county
BURITI	8/13/68 mi	· Cara	my (	1. C. Pour	M, mide
BURIAL 25A DATE NECD AN	HEALTH DEPT. 258. NAME O	FREGISTRAR	25C. FUNERAL DIRECT	TOR P DO 1	ADDRESS
7 0 13	The Bull E, Stant	MARIE .	Joseph &	docks. A	1304 N. (Pula
VS 150-REV. 1/1/6B	1	(	- Jav		- JANI

Probable Congelianies

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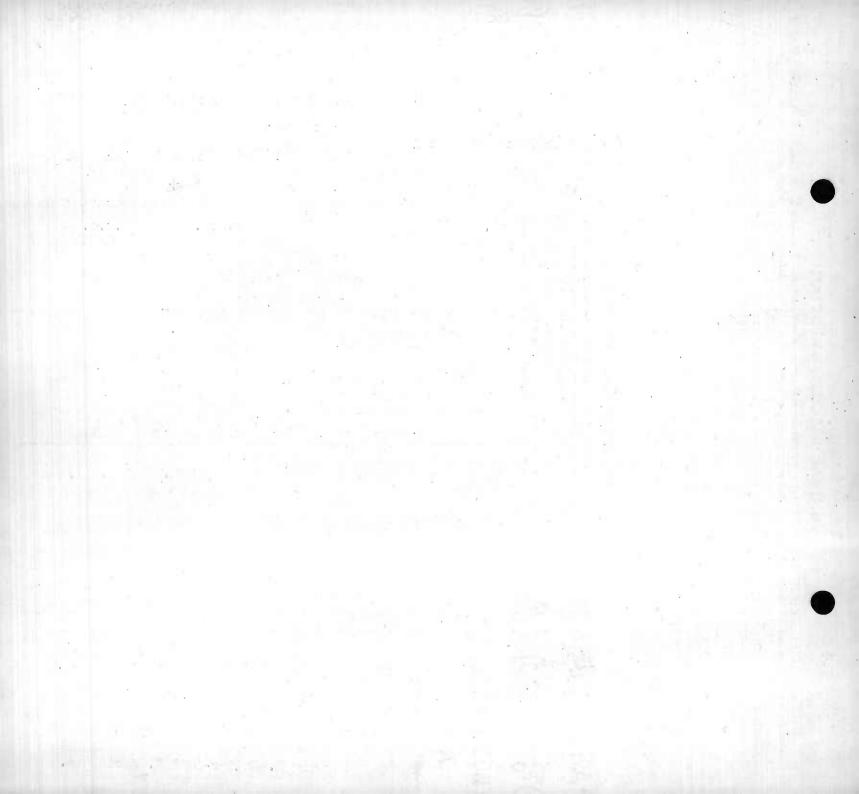
68- 8247 CEDITION	HEALTH DEPARTMENT
CENTILICA	TE OF DEATH REG NO 68-824/
BIRTH NO.	2, DATE AND HOUR OF DEATH
(Type or Print) COX, AMELIA MADELINE	AUGUST 9, 1968   5:00 P. M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A, STATE B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	MARYLAND 21061 9.4.6 32-00 c. CITY OR TOWN D. INSIDE CITY LIMITS?
ST. AGNES HOSPITAL	GLENBURNIE YES NO
40 WILKENS & CATON AVES.	E. STREET AND NUMBER
BALTIMORE, MD.21229	RT 2, BOX 64 SHORELAND
5. SEX 6. RACE 7. MARRIED NEVER MARRIED WIDOWED S DIVORCED	8. DATE OF BIRTH 9. AGE (In years   If Under 1 Yr. If Under 24 Hrs. Manths Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT COUNTRY?
done during most of working life, even if retired)	MISSOURI USA
Cook Retired	14. MOTHER'S MAIDEN NAME
JOSEPH Mesterhazy	KATHLEEN (HORVOTH)
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no a) unknown) (If yes, give wa) a) dates of service)  16. SOCIAL SECURITY NO.	BALTO., MD. 21229
No 492-07-1588	ST. AGNES RECORDS-CATON & WILKENS AVES
18. 1 GAUSE OF DEATH	
rise to the above couse (A) stoling the UNDERLYING CONDITION tost. (C). CAP (C).	PING LARGE OVODENAL LILLER A CONSEQUENCE OF: CINDMATOSIS
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  199. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
E B E B E B E B E B E B E B E B E B E B	163
OR CONTRIBUTING CAUSE OF  DEATH (notify medical examiner)  ODEATH (notify medical examiner)	n or obout 21 C. WHERE DID (If In Saltimare City, give exoct lacation) fice bldg., INJURY OCCUR?
21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED OF INJURY  While At Not While	21F. HOW DID INJURY OCCUR?
(APPROX.) While At Not While At Work At Work	
22. I certify that (1) (this haspital) attended the deceased fram	AUGUST 7 1968 to AUGUST 9 1968 ,
	19.68 and that In (W) (aur) apinion death accurred on the date
and have and from the causes stated above. (I) (We) (did) (did/not) vi	
23A. SIGNATURE	23 B. DATE SIGNED
	nding Med. Shaff M 8=10=68
23C. PHYSICIAN'S DEGREE Phys. NAME (Type)	23D. ADDRESS
MARINO CABILING M.D.  24A. BURIAL CREMATION, 124B. DATE  124C. NAME of CEMETERY OF CRE	CATON & WILKENS AVESBALTO 21229  MATORY [24D. LOCATION (City, town, or county) (Stote)
REMOVAL (Specify)	
Burial 13 Aug. 68 Cedar Hill Ce	Baltimore , Maryland 21225
AUG 13 1968 Cheeb & Salary	
you to 1900 all the of the way	Kirkley Funeral Home, Glen Burnie, Mi.
VS 150-REV. 1/1/68	

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VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

BIRTH NO.	00	3 - 824	18	Y HEALTH DEPARTMENT	REG. NO.	68-8248	
			CERTIFICA	ATE OF DEATH			
NAME OF DE	CEASED			2. DATE AN	P HOUR OF DEATH	05	
Type or Print)	LANDOR	AW	ASHINGTO	DN 8/6	168 at	12 AM.	
3. PLACE IN BA	LTIMORE, MARYLAND, W				deceased lived. If i	nstitution: residence before admission	
						11 -07	
FULL NAME OF	ADDRESS OR LOC.	TAL OR INSTITU	JTION, GIVE STREET	Maryland C. CITY OR TOWN	Baltimor	IDE CTY (MITS?	
NOITUTITEN				Baltimore	D. INS	YES NO	
) > mı	ne Johns Hop	oleina I	locnital	E. STREET AND NUMBER		TES NO	
55 11	ie domis not	okins n	ospicai	The Court of the C	At/8t. 30	16 Belmont Ave.	
S. SEX	6. RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. , If Under 24 Hr.	
Female	Negroid	WIDOWED	= =	3-31-04	last birthday) 64	Months Days Haurs Min.	
				Y 11. BIRTHPLACE (State or forei	on country)	12. CITIZEN OF WHAT COUNTR	
done during most o	I working life, even if retired)						
Domest	ic	Pvt.	Family	King Williams	Co. Va.	U.S.A.	
3. FATHER'S NA	AME			14. MOTHER'S MAIDEN NAM	WE		
Celan	David -			T. 12 - D.	1.1		
Solomo	Baylor ed Ever in U. S. Armed For		1 6. SOCIAL	Julia Ber	kley	ADDRESS	
Yes, no ar unknow	(If yes, give wor or dote	es of service)	SECURITY NO.	IIII VIIII VIIII III		7001133	
	, , , , , ,			Madeline Deshi	elds		
18. 1/	241		CAUSE OF DEA	TH		APPROXIMATE INTERVAL	
	ASE OR CONDITION DI	DECTLY			Λ.	BEIWEEN ONSET AND DEA	
0.027	LEADING TO DEATH			Pera true			
(This does			(A)IMMEDIATE CA	USE COMMANDE	aneso	***************************************	
	(This does not meon the mode of dying, e.g., heart failure, osthenia, etc. It means the disease,						
injury or co	injury or complication which coused death.)						
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_ 420	2, 1			0			
4 071150000		INTRIBUTING					
OTHERSIGN	IFICANT CONDITIONS CO						
TO THE DEA	ATH BUT NOT RELATED TO T CONDITION GIVEN IN PAR	THE TERMINAL RT 1 (A).	.000.000.000.000.000.000				
TO THE DEADISEASE OR	ATH BUT NOT RELATED TO T CONDITION GIVEN IN PAI OF OPERATION 198. CON	THE TERMINAL RT 1 (A).	WHICH OPERATION	20 A. AUTOPSY? (Yes or No	20B. IF YES, WERE	FINDINGS CONSIDERED	
TO THE DEADISEASE OR	ATH BUT NOT RELATED TO T CONDITION GIVEN IN PAI OF OPERATION 198. CON	THE TERMINAL RT 1 (A).	WHICH OPERATION	20 A. AUTOPSY? (Yes or No	) 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED LUSES OF DEATH?	
TO THE DEA DISEASE OR 19A. DATE O	ATH BUT NOT RELATED TO T CONDITION GIVEN IN PAF OF OPERATION 19B. CON WAS PER ENT WAS UNDERLYING	THE TERMINAL RT 1 (A). NOITION FOR N RFORMED	PLACE OF INJURY (e.g.,	in or about 21 C. WHERE DID		FINDINGS CONSIDERED LUSES OF DEATH?	
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TO THE DEADISEASE OR 19A. DATE OF CONTRIL DEATH (not)	ATH BUT NOT RELATED TO TOONDITION GIVEN IN PAI  OF OPERATION 198. CON WAS PER  ENT WAS UNDERLYING BUTING CAUSE OF	THE TERMINAL RT 1 (A). NOTITION FOR N RFORMED  218, hom etc.	PLACE OF INJURY (e.g., e, form, foctory, street, of injury occurred	in ar about 21C, WHERE DID affice bldg., INJURY OCCUR?	(If in Baltima		
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TO THE DEAD TO THE	ATH BUT NOT RELATED TO T CONDITION GIVEN IN PAR OF OPERATION 198. CON WAS PER ENT WAS UNDERLYING BUTING CAUSE OF fy medical examiner	THE TERMINAL RT 1 (A).  NDITION FOR V RFORMED  218, hometc,  (Hour) 21E, Whi	PLACE OF INJURY (e.g., e., form, foctory, street, e., form, foctory, e.,	in or obout 21C, WHERE DID office bldg., INJURY OCCUR?	(If in Baltima		
TO THE DEADLE OF DISEASE OR 1994. DATE OF OR CONTRIL DEATH (not) 21D. TIME OF INJURY (APPROX.)  22. I certif	ATH BUT NOT RELATED TO TO CONDITION GIVEN IN PART OF OPERATION 198. CON WAS PER ENT WAS UNDERLYING BUTING CAUSE OF fy medical examiner)  (Month) (Doy) (Year)	THE TERMINAL RT 1 (A). NOTITION FOR V RFORMED  21B. hom etc. (Hour) 21E. Whi Who ottended to	PLACE OF INJURY (e.g., e, form, foctory, street, e)  INJURY OCCURRED  ILLE AT Not What At Work	in or about 21 C. WHERE DID office bldg., INJURY OCCUR?	(If in Saltimo	The City, give exact lacotion)	
TO THE DEADLE OF DISEASE OR 1994. DATE OF 1994. DATE OF 1994. DATE OF 1994. DATE OF 1994. DEATH (not) OF 1994. DATE OF 1994. DAT	ATH BUT NOT RELATED TO TOONDITION GIVEN IN PAI  OF OPERATION 198. CON WAS PER  ENT WAS UNDERLYING BUTING CAUSE OF fy medical examiner)  (Month) (Doy) (Year)  y that (I) this hospital b) last saw the decease	THE TERMINAL RT 1 (A). NOTITION FOR N RFORMED  21B. hom etc. (Hour) 21E. Whi Wo ottended to	PLACE OF INJURY (e.g., e., form, foctory, street, e., form, foctory, e., form, foctory, street, e., form, foctory, e., form, foctory, street, e., form, foctory, street, e., form, foct	in ar about 21 C. WHERE DID affice bldg., INJURY OCCUR?  21 F. HOW DID INJURY OCCUR?	(If in Saltimo	Re City, give exact lacotion)	
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TO THE DEADLE OF DISEASE OR 1994. DATE OF 1994. DATE OF 1994. DATE OF 1994. DATE OF 1994. DEATH (not) OF 1994. DATE OF 1994. DAT	ATH BUT NOT RELATED TO T CONDITION GIVEN IN PAI OF OPERATION 198. CON WAS PER ENT WAS UNDERLYING BUTING CAUSE OF fy medical examiner)  (Month) (Doy) (Year)  Ty that (I) this hospita  a) last saw the decease and from the couses sto	THE TERMINAL RT 1 (A). NOTITION FOR N RFORMED  21B. hom etc. (Hour) 21E. Whi Wo ottended to	PLACE OF INJURY (e.g., e., form, foctory, street, e., form, foctory, e., form, foctory	in ar about 21C. WHERE DID affice bldg., INJURY OCCUR?  21F. HOW DID INJURY 3/  19 6 8 ond the view the body after death.	(If in 8altimo	Re City, give exoct locotion)	
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TO THE DEATE OF TH	ATH BUT NOT RELATED TO TOONDITION GIVEN IN PAI  OF OPERATION 198. CON WAS PER  ENT WAS UNDERLYING BUTING CAUSE OF fy medical examiner)  (Month) (Doy) (Year)  The construction of the couses stoon of from the couses stoon of the couse stoon of t	THE TERMINAL RT 1 (A). NOTITION FOR N RFORMED  21B. hom etc. (Hour) 21E. Whi Wo ottended to	PLACE OF INJURY (e.g., e., form, foctory, street, of the form)  INJURY OCCURRED  At Work  The deceased from  (We) ((did) (did not)	in ar about 21 C. WHERE DID affice bldg., INJURY OCCUR?  21 F. HOW DID INJURY OCCUR?  21 F. HOW DID INJURY OCCUR?  21 F. HOW DID INJURY OCCUR?  And Director	(If in 8altimo URY OCCUR?  19 68 ta ot ir(my) (our) op  Staff Phys. Duffer	The City, give exact lacotion of the dominion death accurred an the dominion death accurred and the dominion death accurred an	
TO THE DEAD INSERTING OF INJURY (APPROX.)  21A. ACCID OR CONTRIL DEATH (not)  21D. TIME OF INJURY (APPROX.)  22. I certif that (I) (we and hour of 23A. SIGNAT 23C. PHYSICI NAME	ATH BUT NOT RELATED TO TOONDITION GIVEN IN PAID FOF OPERATION 198. CON WAS PER ENT WAS UNDERLYING CAUSE OF fy medical examiner)  (Month) (Doy) (Year)  The same the decease of the couses stoon from the couses stoon of the couse	THE TERMINAL RT 1 (A).  NOTITION FOR VERFORMED  218. ham etc.  (Hour) 21E. Why wo be do live on	PLACE OF INJURY (e.g., e., form, foctory, street, e., form, foctory, foctory, e., form, foctory, foctory, foctory, foctory, e., form, foctory, foct	in ar about 21C. WHERE DID affice bldg., INJURY OCCUR?  21F. HOW DID INJURY 3/  19 6 8 ond the view the body after death.  Nending Med.  23D. ADDRESS  1519 6. Monual	(If in Baltimo URY OCCUR?  19 6 8 to	Pug 5 1968  inion death accurred an the do  23B. DATE STONED  BALLine DE Md. 212	
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TO THE DEATH OF THE PROPERTY O	ATH BUT NOT RELATED TO TOONDITION GIVEN IN PAID FOR OPERATION 198. CON WAS PER ENT WAS UNDERLYING CAUSE OF fy medical examiner)  (Month) (Doy) (Year)  The state of the course story of th	THE TERMINAL RT 1 (A).  NOTITION FOR VINE NOTITI	PLACE OF INJURY (e.g., e., form, foctory, street, e., form, foctory, foctory, e., form, foctory, foctory, foctory, foctory, e., form, foctory, foct	in ar about 21C. WHERE DID affice bidg., INJURY OCCUR?  21F. HOW DID INJURY 3/  19 6 9 ond the view the body after death.  Rending Med.  23D. ADDRESS  1319 6. Monda	(If in Baltimo URY OCCUR?  19 6 8 to	inion death accurred an the do  23B. DATE SIGNED  BALLINEAR Md. 2126  (Stote)	
TO THE DEATH OF TH	ATH BUT NOT RELATED TO TO CONDITION GIVEN IN PART OF OPERATION 198. CON WAS PER ENT WAS UNDERLYING CAUSE OF fy medical examiner)  (Month) (Doy) (Year)  The course of the	THE TERMINAL RT 1 (A).  NDITION FOR VERFORMED    218, hometc.    (Hour) 21E, White addition of the details of t	PLACE OF INJURY (e.g., e., form, foctory, street, e., form, foctory, street	in ar about 21C. WHERE DID affice bidg., INJURY OCCUR?  21F. HOW DID INJURY 3/  19 6 9 ond the view the body after death.  Rending Med.  23D. ADDRESS  1319 6. Monda	OCATION (Caltimore, N	inion death accurred an the do  23B. DATE SIGNED  BALLINEAR Md. 2126  (Stote)	



Combined Light Consumers Carringer Becart of Arabit COLLEGE WITH STATE OF STREET

68- 8250 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL	EXAMINER'S	CERTIFICATE	OF	DEATH .
	PACE ALLE APPLICA	CEIVIIIICIVIE	0	DE/

BIRTH NO.	MED	ICAL E	XAMINER'S			DEATH	REG. NO.	68-	8250	
I. NAME OF DECEASED				2. DATE	Known	Month	Doy	Yeor	Hour	10
(Type or Print)	Harry	м	IDDLETON	OF	Estimoted 🗓			.968	IDIL	
LAWRENCE  4. PLACE IN BALTIMORE,				DEATH 3. DATE	Estimoled LA	August	Doy	Yeor	Hour M.	i de
FULL NAME OF (IF I		L OR INSTITUTE	ON, GIVE STREET	PRONOUN		August	5, 1	.968	2:50 P. <sub>M</sub>	
2410 Madis	on Awonu	0		5. USUAL RESI A. STATE Mary 1			d. If institution	residence b	pefore odmission)	
6. SEX 7. RACE		1-	7	C. CITY OR TO		Tr	. INSIDE CI	TY HANTS?	-03	-
	gro	8. MARRIED [		Balti				s Di		
9. DATE OF BIRTH	10. AGE (In	years If U	nder 1 Yr. If Under 24 Hrs.				Υ,	22 (-1)	NO L	-
Oct. 20.1906	lost hirth.		ths Doys Hours Min.	2410	Madison	Avenue				
11. BIRTHPLACE (State or for			ITIZEN OF	13. FATHER'S		HVCHGC				-
	llinois		WHAT COUNTRY?		Frederick Middleton					
4A USUAL OCCUPATION	Give kind of work		BUSINESS OR INDUSTR	Y 15. MOTHER'S	MAIDEN NA	ME				
done during most of working life	, even it retired)	Morgan	College	Nina	Brown	1				
6. WAS DECEASED EVER	N U.S. ARMED	FORCES?	17. SOCIAL	18. INFORMAL	TV		Α	DDRESS	Dayton	-
Yes, no or unknown) (If yes, giv	e wor or dotes	of service)	SECURITY NO. 327-18-8778	Paul E	Middle	ton-54	Colgat	e Ave.	Ohio	
19. / / 0			CAUSE OF DEA	ATH					PROXIMATE INTERVAL	
DISEASE OR COI	NDITION DIREC	CTLY	Arterio	sclerotic	Cardiox	<i>ง</i> ลระบ1ลา	Disea		LEN ONSE, AND DEATH	Ì
	TO DEATH		(A)IMMEDIATE	CAUSE						all t
(This does not mean theort foilure, osthenia, injury or complication	etc. It meons the	diseose,	DUE TO, OR	AS A CONSEQUE	NCE OF:					
		,								
DISEASES OR COND		GIVING	(B)	AS A CONSEQU	ENCE OF:		*************			10 1
RISE TO THE ABOVE UNDERLYING CONT	CAUSE (A) STAT	ING THE								
Z ONDEXTING CON	ATTORY CASI.		(c)							
OHER SIGNIFICANT OF THE BUT NO DISEASE OR CONDITION 200A. DATE OF OPERATION 200A. DATE OF OPERATION 200A.	OT RELATED TO	THE TERMINAL								
DISEASE OR CONDITION  20A. DATE OF OPERAT			WHICH OPERATION W	AS PERFORMED				21. AUTO	PSY? (Yes or No)	_
2									No	
22A. EXTERNAL CAU		228. home	PLACE OF INJURY(e.g. e, form, foctory, street, offi	, in or obout 22C ce bldg., etc.) INJ	WHERE DID JRY OCCUR?	(If in Soltimore	City, give ex	oct locotion)		
UTING CAUSE OF D		) (Hour) 2	2E.INJURY OCCURRED	225	HOW DID IN	HIDY OCCUP	0			_
OF INJURY (APPROX.)	(Doy) (Yeor	·	VHILE AT NO	T WHILE [	NOW DID IN	JURY OCCUR	r			
23.		m. V	VORK AT	WORK [						-
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resulted from:	Notural cou	ses XX A	ccident Suici	de Homi	cide 🗌	Undetermine	d monner			
11	10		1	СН	EF MEDICAL E	EXAMINER			DATE SIGNED	
ACTUAL SIGNATURE	Miles	ルラ	M.	ASSISTA	NT MEDICAL	EXAMINER 2				
EXAMINER'S	Werner	U. Spit			ATE MEDICAL I	EXAMINER [			8/6/68	
NAME (Type) 24A. BURIAL CREMATION,	24B. DATE	A	C. NAME of CEMETERY	gr CREMATORY	24D.	LOCATION	(City, tow	n, or county	) (Stote)	-
REMOVAL (Specify) Burial	8/9/68	9	Edgar County			aris, I				
25A. DATE REC'D BY HEALT			OF REGISTRAR		VERAL DIRECT	OR		DDRESS		-
	G 1 3 196		. b E. Farke		ert E.				h Ave.	
				7						-

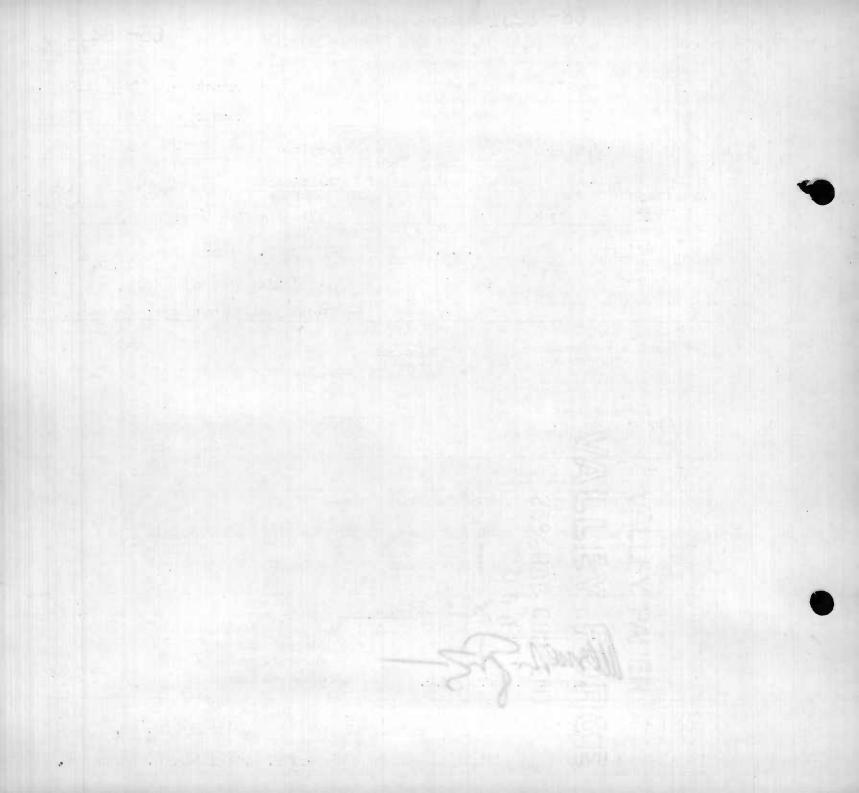
MARCHINE SECTIONS

D-600

68- 8251 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL	EXAMINER'S	CERTIFICATE	OF	DEATH	68-	

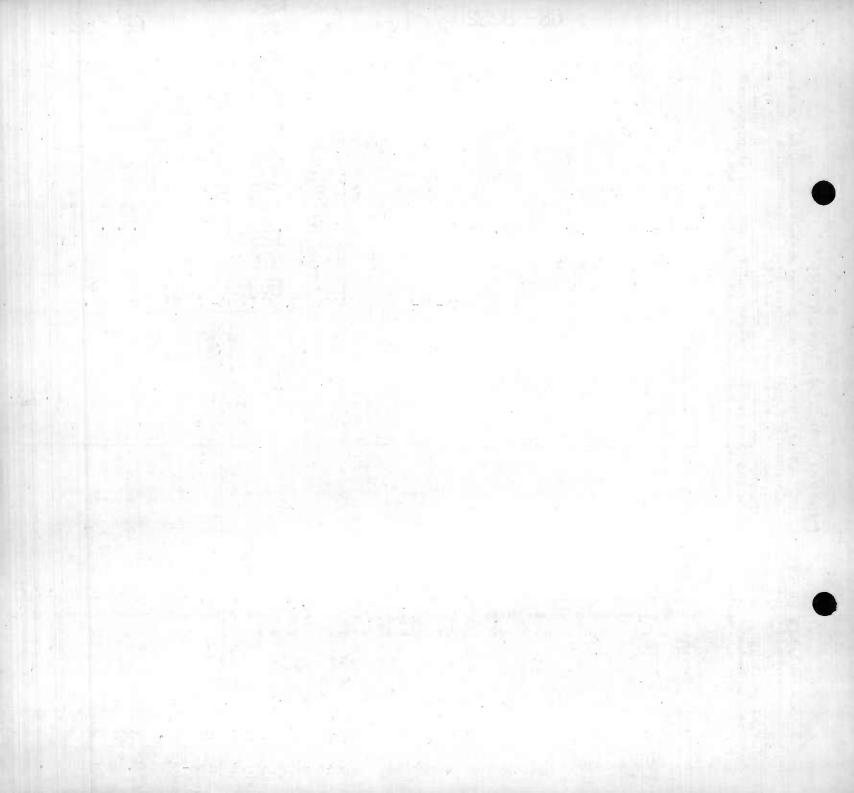
7			MED			A A A IN IED'C			DEATH	6	8-8	251			
BID	TH NO		WED	ICAL	- EX	AMINER'S	EKIIFI	CATE OF	DEATE	REG. NO.		7002			
	TH NO.	FASED					2. DATE	Known XX	Manth	Day	Year	Hour			
1. NAME OF DECEASED (Type or Print)  NAPTE DOLLERY							OF	Estimoted			1968	1:00 4			
JOYCE MARIE DOWERY  4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD							3. DATE	zsiiinored 🖂	August	Doy	Yeor	Hour E	3 . M.		
	NAME OF					N, GIVE STREET		UNCED DEAD			1968		A		
HO:	PITAL		SS OR LOCAT			,	E AICHAL E	ECIDENICE (III	Augus			1:00 /	-		
							A STATE	RESIDENCE (Wher		COUNTY	: residence	pergre damissi	on}		
	1214 Br		Avenu	е				aryland		11	-	Service Control			
6. 5	EX	7. RACE		B. MAR	RIED _	NEVER MARRIED	C. CITY OF	NOWN		D. INSIDE CI	TY TIMITS?	1			
f	emale	negr	0	WIDOV	WED 🗌	DIVORCED [		Baltimore		Y	ES XX	NO 🗌			
9. [	ATE OF BIRT	1	10. AGE (In		If Und	der 1 Yr. If Under 24 Hrs. s; Days; Hours; Min.	E. STREET	AND NUMBER							
	1/17/5	1	17	'}	MOHITE	si Days i noors i Min.		1214 Bra	ddish A	venue					
11.	BIRTHPLACE (S	tate ar fareig	in country)		12. Cl	TIZEN OF	13. FATHER		441011 11	VCIIGO					
	Ral-	timore				HAT COUNTRY?	7:	1:77: C	D						
14A	USUAL OCCUI	PATION (Give	e kind of work	48. KIN	OF BI	J.S.A. USINESS OR INDUSTRY	15. MOTHE	R'S MAIDEN NA				<i>~</i> .	17. 1		
dane	during most of w	arking life, ev	en ifretired)												
14	Stude WAS DECEASE		II S ADMED	EOPCE	50	chool 17. SOCIAL	18. INFOR	Louis	e Thoma	S	DDRESS				
(Yes	, no or unknown)	(If yes, give v	var or dates	of service	2)	SECURITY NO.									
L.,						NONE		livian Jac	kson 27	10 E11:	icott	Drive	- Division		
	19. / 5	5 1 C	)			CAUSE OF DEA	TH					VEEN ONSET AND			
	DISEASE	OR COND	ITION DIREC	TLY		Hepaton	าล								
	· ·	LEADINGTO	DEATH			(A)IMMEDIATE C									
			made of dyl . It meons the			DUE TO, OR		QUENCE OF:							
			ch caused dec												
	ANTECEDENT CAUSES (B)														
	DISEASES	OR CONDITIO	ONS, IF ANY	, GIVING	;	DUE TO, OR	AS A CONSE	QUENCE OF:	~~~~~~~~~						
		ABOVE CA	USE (A) STAT ION LAST.	ING THE											
2						(c)									
CERTIFICATION	OTHER SIGN		II NDITIONS CO	NTRIBIL	TING										
2	TO THE DEA	TH BUT NOT	RELATED TO	THE TERM	AINAL										
E						VHICH OPERATION W	AS PERFOR	MED			21. AUTOPSY? (Yes or No)				
Ü	2	OI ERMIO	200. CO	Dinois	I OK I	THICH OF EXAMOTY W	AS TERTOR	***************************************							
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EDICAL	22A. EXTERI UNDERLYING	NAL CAUSE			home,	LACE OF INJURY(e.g., farm, factary, street, offic	e bldg., etc.)	INJURY OCCUR?	(If in Boltimore	City, give exc	et location)				
	UTING CA	USE OF DEA	TH.						34.						
Σ	OF INJURY	Month) (D	oay) (Yeor	) (Hau	,	E.INJURY OCCURRED		22F. HOW DID IN	IJURY OCCUI	₹?					
	(APPROX.)				m. W	ORK NOT	WHILE								
	23.						77-7								
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	result	ed from N	lotural cau	ses 🔀	Ac	cldent Suicia	łe 🗌 H	omicide 🗌	Undetermin	ed manner [					
		1111	10	10		1		CHIEF MEDICAL	EXAMINER			DATE SIGNI	ED		
	ACTUAL	IDE ///	MUL	4	N	M.D	ASS	ISTANT MEDICAL	EXAMINER [	X					
	SIGNATU	1.60	Werner	п (	Enit	z, M.D.		OCIATE MEDICAL	EXAMINER [			8/6/68			
	NAME (T		Merner	0.	Khr	, JI.D.					410		1.		
	24A. BURIAL CREMATION, 24B. DATE U24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, or county) (State)														
RE	MOVAL (Specif Burial	ν)	0/0/0	0		Alasahaan M		2001	D - 7 1 1	00	150				
25	. DATE REC'D	BY HEALTH	8/9/6		JAME (	Abutus Memo		FUNERAL DIRECT		ore CO	DDRESS				
23/		G 131	00. 0		-	77									
	70	a To l	300 (1	okred	52	, tarbours	He	rbert E.	Nutter	3035 W.	. Nort	h Ave.			



VS 150-REV. 1/1/68

60_ 0050	HEALTH DEPARTMENT REG. NO. 6 20 / 8560
BIRTH NO. CERTIFICA	TE OF DEATH REG. NO. 68 8252
T. NAME OF DECEASED (Type or Print) RIDE OUT WILLIAM T. SV	2. DATE AND HOUR OF DEATH  8/8/68  1/20 AM M
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Whose deceased lived, if institution: residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION , GIVE STREET ADDRESS OR LOCATION)	C. CITY OR TOWN D. INSIDE CITY TIMITS?
DUKELAND NORSING HOME	BALTIMORE YES NO
1501 DUKELAND STREET	1501 DUKELAND STREET
5. SEX 6. RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	B. DATE OF BIRTH  9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Manths Days Hours Min.
10A, USUAL OCCUPATION Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY
done during most of working life, even if retired)	
Gardner-Chaueffeur Pvt. Family	Talbot Co. Maryland U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Asbury Rideout	Adelaid Wells
5. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL	17. INFORMANT ADDRESS
	William T. Rideout-210 Winters Ave.
217-26-9025 118. CAUSE OF DEAT	
DISEASES OR CONDITIONS, if any, giving rise to the above couse (A) stoting the UNDERLYING CONDITION last.  CONDITION Last.  CONDITIONS CONTRIBUTING	A CONSEQUENCE OF:
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes of No) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in part of the property of the place of	in ar about 21C. WHERE DID (If In Baltimare City, give exact lacation) (fice bldgy INJURY OCCUR?
21D.TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY While At Not While	21F. HOW DID INJURY OCCUR?
(APPROX.)	
22. I certify that (1) (this haspital) attended the deceased from 1	2/6 1967 ta 8/8 1968
that (1) (we) last saw the deceased alive an 8/8	19 68 and that in(my) (aur) apInlan death accurred an the da
and haur and fram the causes stated above. (1) (We) (did) (did not)	
Phy Phy	
NAME (Type) D. W. STEWART, MI	D. 3414 DUVALL AV. (2121
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CRI	
Burial 8/12/68 Western Star Cer	metery Baltimore Co. Maryland
25A, DATE REC'D BY HEALTH DEPT.   25B, NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS

Fungral Home-3035 W. North Ave.



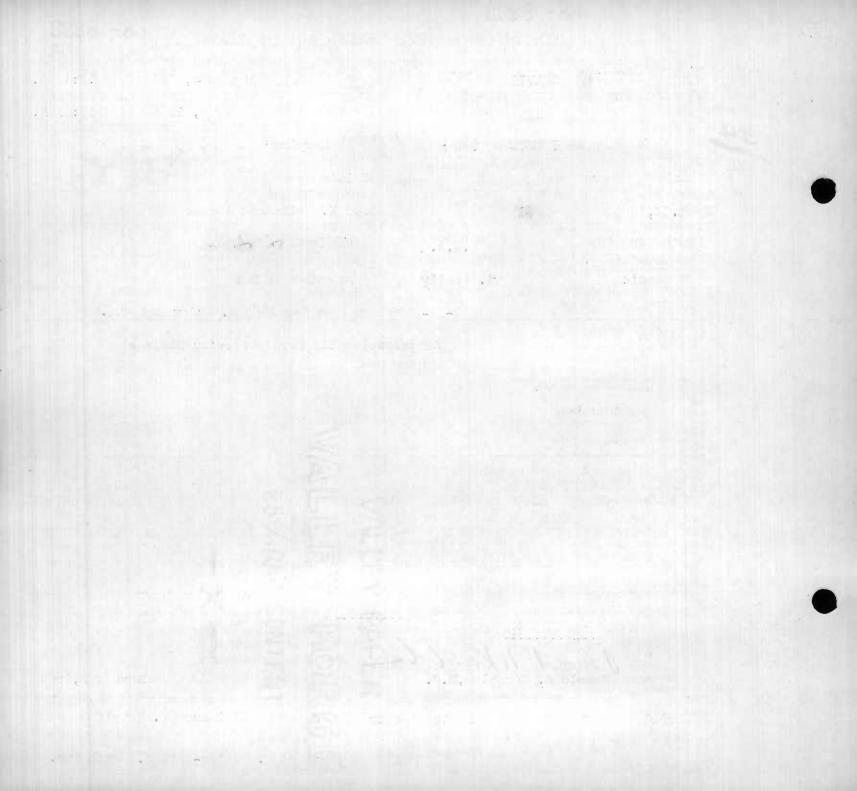
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68- 8253 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

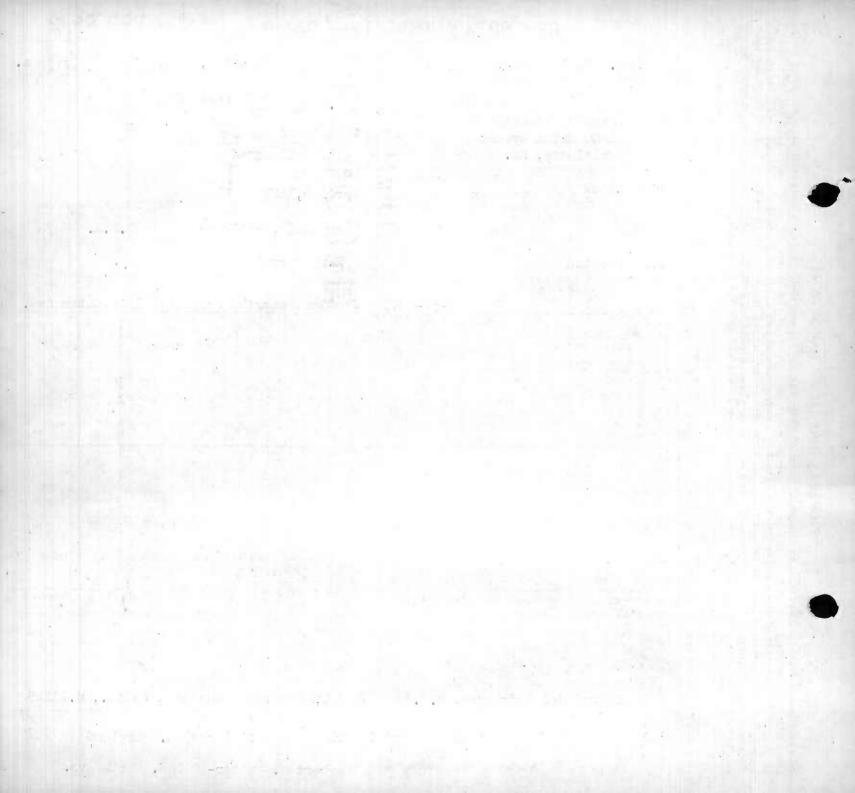
6	8-	8	2	5	3

BIRTH NO.			REG. NO	
1. NAME OF DECEASED (Type or Print) MOZELL CH	avis	PRICE	2. DATE Knawn Month Day OF August 4, 1968	Year 10:45 A.
4. PLACE IN BALTIMORE, MARYLAND,	WHERE PRON	OUNCED DEAD	3. DATE Month Doy	Yeor Hour
FULL NAME OF (IF NOT IN HOSPIT ADDRESS OR LOCAL	AL OR INSTITUTI	ON, GIVE STREET	PRONOUNCED DEAD August 4, 1968	10:45 A.
OR INSTITUTION	411014)		5. USUAL RESIDENCE (Where deceased lived, if institution; re	sidence belare admission)
BON SECOURS HO	SPITAL	(DOA)	A. STATE Maryland B. COUNTY	and the same of th
6. SEX 7. RACE	B. MARRIED		C. CITY OR TOWN D. INSIDE CHEY	IMIT\$2
Female Negro	WIDOWED	1.0	Baltimore YES	
9. DATE OF BIRTH 10. AGE (		nder 1 Yr. If Under 24 Hrs.	E. STREET AND NUMBER	NO L
9. DATE OF BIRTH 10. AGE (lost birthdo	Man Man	ths Doys Haurs Min.	2505 W. Fairmount Avenue	
11. BIRTHPLACE(State or foreign country)		CITIZEN OF	13. FATHER'S NAME	
South Carolina		WHAT COUNTRY?	William H. Gardner	
	II 4B KIND OF	U.S.A.	Odidici	
14A.USUAL OCCUPATION (Give kind af work dane during mastaf working life, even if retired)				
Domestic		• Family	Eugenia Allen	
<ol> <li>WAS DECEASED EVER IN U.S. ARME (Yes, na ar unknawn) (If yes, give war or dates</li> </ol>	of service)	17. SOCIAL SECURITY NO.	18. INFORMANT ADDR	RESS
NO NO		217-22-0520	Mrs Mae Cox 2505 W. Fairmount	Ave.
19.4.194.		CAUSE OF DEA		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OF CONDITION DID	CTIV	Arterio	sclerotic Cardiovascular Diseas	
DISEASE OR CONDITION DIRE	CILY			
(This daes not mean the made of d		(A)IMMEDIATE C	AS A CONSEQUENCE OF:	
heart foilure, osthenia, etc. It means th injury or complication which coused de				
ANTECEDENT CAUSES		(8)	AS A CONSEQUENCE OF:	
RISE TO THE ABOVE CAUSE (A) STA	Y, GIVING	DUE TO, OR	AS A CONSEQUENCE OF:	
Z UNDERLYING CONDITION LAST.		(c)		
9 4221				
THER SIGNIFICANT CONDITIONS				
DISEASE OR CONDITION GIVEN IN F			00700 20 20 20 20 20 20 20 20 20 20 20 20 2	
OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION GIVEN IN R  20A. DATE OF OPERATION 20B. CO	NDITION FOR	WHICH OPERATION W	AS PERFORMED 2	I. AUTOPSY? (Yes or No)
02				yes
₹ 22A. EXTERNAL CAUSE WAS	228.	PLACE OF INJURY(e.g.,	In or about 22C. WHERE DID (If in Baltimore City, give exact to	-
UNDERLYING OR CONTRIB.	ham	e, farm, factory, street, offic	e bldg., etc.) INJURY OCCUR?	, , , , , , , , , , , , , , , , , , , ,
UTING   CAUSE OF DEATH.	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	OF BUILDING OF CHARGE	200 HOWEID INTURY OCCUPA	
OF INJURY (Month) (Day) (Yea	, , ,	ZE.INJURY OCCURRED WHILE AT NOT	22F. HOW DID INJURY OCCUR?	
(APPROX.)			VORK	
23.	la autieur 🗆	Inspection   A.	tapsy X and that an this basis, death in my ap	
I certify that I held an	Inquiry L	InspectionAu .ccident Suicio		inian
resulted from: Natural edi	A A	301616		
ACTUAL /	1011	1.11	CHIEF MEDICAL EXAMINER	DATE SIGNED
SIGNATURE / Much		and M.D	ASSISTANT MEDICAL EXAMINER	
EXAMINER'S Ronald N	. Kornbl	Lum, M.D.	ASSOCIATE MEDICAL EXAMINER A	ugust 5,1968
24A. BURIAL CREMATION, 24B. DATE	124	IC. NAME of CEMETERY	ar CREMATORY 24D. LOCATION (City, town, or	county) (Stote)
REMOVAL (Specify) Burial 8/8/6			orial Park Baltimore Co. M	
DOT 191 0/8/0	0	AIDULUS MEIN		ar / rana
25A. DATE REC'D BY HEALTH DEPT 196	25B NAME	OF REGISTRAR	25C. FUNERAL DIRECTOR ADD	RESS
	Volue	NE Villeton	Herbert E. Nutter-3035 W.	North Ave.



VS 150-REV. 1/1/6B

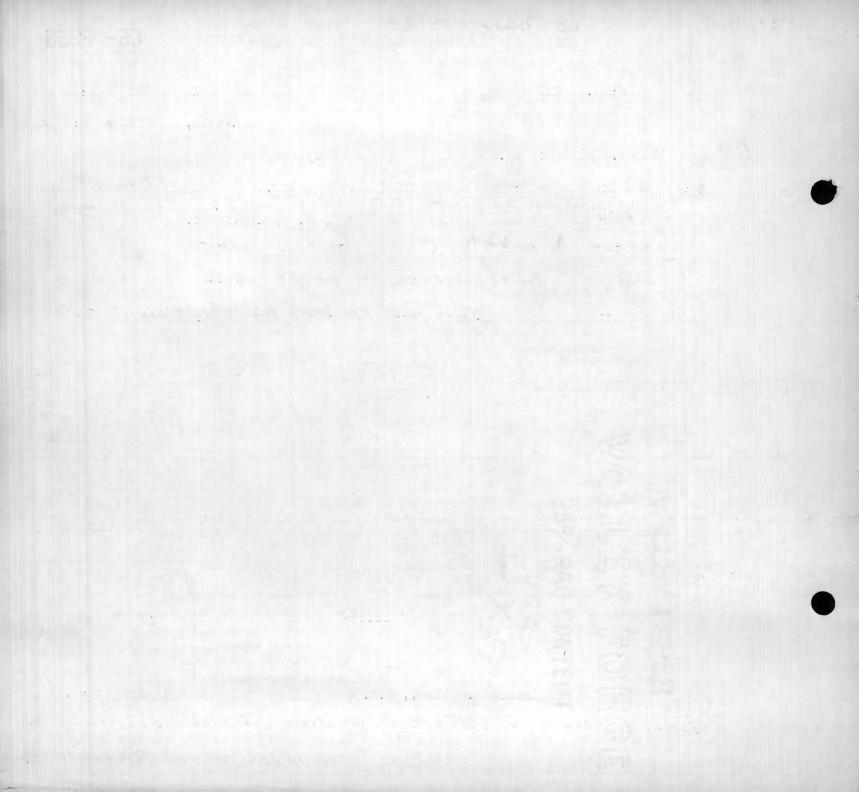
Herbert E. Nutter-3035 W. North Ave.

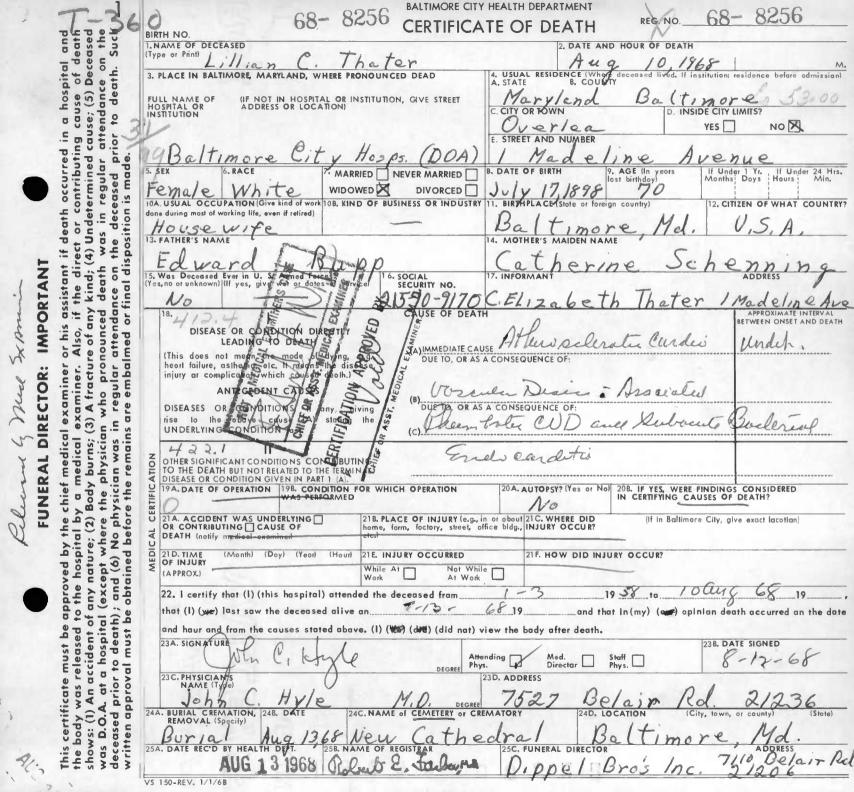


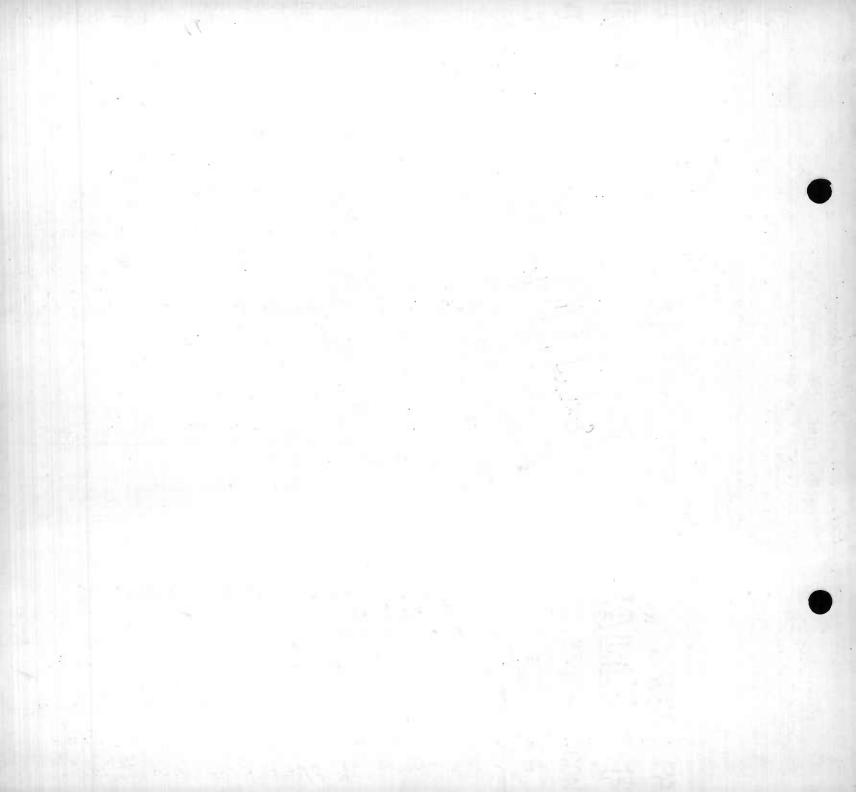
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68- 8255 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S	CERTIFICATE OF DEATH REG. NO.	68-8255
BIRTH NO.	REG. NO	
1. NAME OF DECEASED (Type or Print)	2. DATE Known X Month Day	Yeor Hour
ROY J. WHITE	I pearly Estimated   a	68 9:15 a M.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Day	Year Hour
FULL NAME OF	PRONOUNCED DEAD August 10. 1	968 9·15 a M
OR INSTITUTION	5. USUAL RESIDENCE (Where deceased lived, if institution:	
1212 W Poltimone Ct	A. STATE	
1313 W. Baltimore St.  6. SEX 7. RACE 8. MARRIED NEVER MARRIED	Maryland C. CITY OR TOWN D. INSIDE, CIT.	Y LIMITS?
	10	
Male White WIDOWED DIVORCED 9. DATE OF BIRTH 10. AGE (In years   If Under 1 Yr. If Under 24 Hrs.	Balto. YES	IN WOLL
lost birthday) Manths, Doys, Haurs, Min.	E. STREET AND HOMBER	-
11. BIRTHPLACE (State or foreign country) 12, CITIZEN OF	1313 W. Baltimore St.	
MALL ALC WHAT COUNTRY?		
DANVALE WYO USA.	MUREL WHITE	
14A. USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTR done during most of working life, even if retired)		
LABOR REEVER COPPER + BRAS	MANDY CECIL	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na ar unknawn)((if yes, give wor ar dates of service)  17. SOCIAL SECURITY NO.	18. INFORMANT AD	DRESS
233-52-6865	RANDOLPH WAITE 1418 LI	SHT STREET
19. 5 A S 4 . CAUSE OF DEA		APPROXIMATE INTERVAL
G V G 1 1		BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	(1) 00 00 1	)
(This does not mean the mode of dying, e.g.,	AS A CONSEQUENCE OF:	
heart failure, asthento, etc. It means the disease, Injury ar camplication which caused death.)	A A CONSEQUENCE OF	
ANTECEDENT CAUSES (B)	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	AS A CONSEQUENCE OF:	
UNDERLYING CONDITION LAST		
Q 3 2 2 . O II		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION   20B. CONDITION FOR WHICH OPERATION W	***************************************	
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	AS PERFORMED	21. AUTOPSY? (Yes ar No)
ō		
Z2A. EXTERNAL CAUSE WAS 22B. PLACE OF INJURY (e.g.,	In or about 22C. WHERE DID (If in Baltimore City, give exact	YES
UNDERLYING OR CONTRIB.   home, form, foctory, street, office	te bldg., etc.) INJURY OCCUR?	
UTING CAUSE OF DEATH.  22D. TIME (Manth) (Day) (Year) (Hour) 22E.INJURY OCCURRED	22F. HOW DID INJURY OCCUR?	
OF INJURY WHILE AT NOT	T WHILE [	
	VORK	
	AVV	1-1-2
I certify that I held on Inquiry Inspection A		
resulted from Natural courses Accident Suici		
1 / / / / / / / / / / / / / / / / / / /	CHIEF MEDICAL EXAMINER	DATE SIGNED
ACTUAL SIGNATURE M.E	ASSISTANT MEDICAL EXAMINER XX	
EXAMINER'S	ASSOCIATE MEDICAL EXAMINER	
NAME (Type) Edward F. Wilson, M	I.D.	August 10, 1968
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY		
CREMATION AUG 13 1968 GREEN MOUNT	TCREMATORY GREENMOUNT &	OLIVER STS ME
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR		DRESS
270	-/	
AUG 13 1968 P. P. o. & E. Farkeyn	THE DIPPEC BROS MYC	000 2 20 100 51
VS 151-REV. 1/1/68	1	







V\$ 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT

control dage by age or

H-610

68- 8258 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL	EV A MAINIED'C	CERTIFICATE	OF DEATH
MEDICAL	EVAMILIAEK 2	CEKTIFICATE	OF DEATH.

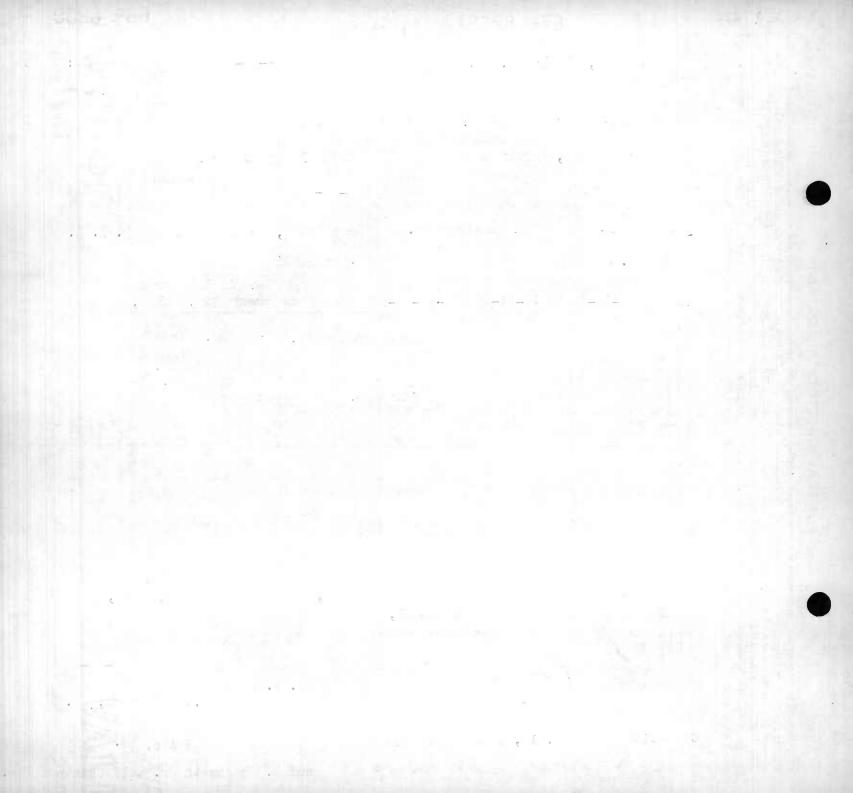
			ALTIMORE CITY HE			DE 4 T		68-	825	R
BIRTH NO.	MEL	JICAL EX	AMINER'S	LEKTIFIC	LATE OF	DEAT	H REG. NO.		020	
. NAME OF DEC		IIA DVIEV		2. DATE OF	Knawn 🔀	Manth 8	Day	Year 68	Haur	
PLACE IN BALT	MARGUERITE		NCED DEAD	3. DATE	Estimated U	Month	Day	Year	3:52	а <sub>м.</sub>
FULL NAME OF HOSPITAL DR INSTITUTION	(IF NOT IN HOSPIT ADDRESS OR LOCA			PRONOU		ugust	111	1968	3:52	2 a M.
00	10 Marrier A	***		A. STATE	SIDENCE (Where		B. COUNTY	n: residence b	etare admi	ssian)
	19 Mayview A		NEVER MARRIED	C. CITY OR	Maryland		D. INSIDE C	TW/LIMITS?	agents, .	_
Female	White	WIDOWED [	DIVORCED	Ba1			人	6		
DATE OF BIRTH	1 10.AGE (	n years If Unde	er 1 Yr. If Under 24 Hrs.		ND NUMBER			ESA	NOLIF	
Jan. 15.	1910     ost bliff	8 Manins	Days Haurs Min.	56	19 Mayvie	w Ave.				
1. BIRTHPLACE (Se	tate or foreign country)		IZEN OF	13. FATHER						
4A.USUAL OCCUP	Virginia PATION (Give kind of work	14B.KIND OF BU	SINESS OR INDUSTRY	Flor	ent Bowe	ers				
Wire So	orking life, even if retired)	Bendia	c Corp.	Mart	ha Rege	ester				
6. WAS DECEASE Yes, na ar unknawn) NO	D EVER IN U.S. ARME (If yes, give war ar dates	of service 214-0	7. SOCIAL SECURITY NO.	Mr. Lo	uls W. He	arvey	(Husb	and)	a 212	206
19. 2/ /	7 12.		CAUSE OF DEA	1 2013	Mayview	Ave.	Bat etil	AP	PROXIMATE I	NTERVAL
DISEASE	OR CONDITION DIRE	CTLY	Hypertens	ive art	eriosclero	otic c	ardiova		disea	
L	EADING TO DEATH		(A)IMMEDIATE C	CAUSE						
heart failure,	at mean the made of dy asthenia, etc. It means the plication which caused de	e disease,	DUE TO, OR	AS A CONSEQ	ENCE OF:					
AN	ITECEDENT CAUSES		(B)							
DISEASES O	ABOVE CAUSE (A) STA	Y, GIVING	DUE TO, OR	AS A CONSEC	UENCE OF:					
	G CONDITION LAST.		(c)			du en ist una dituin				
OTHER SIGNI	II IFICANT CONDITIONS C	ONTRIBUTING								
DISEASE OR	TH BUT NOT RELATED TO CONDITION GIVEN IN P	ART 1 (A).		The state of the s						
20A. DATE OF	OPERATION 20B. CO	NDITION FOR W	HICH OPERATION W	AS PERFORM	D			21. AUTO	PSY? (Yes	or No)
		lees no							No	
UNDERLYING	NAL CAUSE WAS  ☐OR CONTRIB-  JSE OF DEATH.	hame, fo	ACE OF INJURY (e.g., arm, factory, street, affic	e bldg., etc.)	JURY OCCUR?	(If in Baltimas	e City, give ex	act lacation)		
OF INJURY			INJURY OCCURRED		F. HOW DID IN	JURY OCCI	JR?			
(APPROX.)		m. WHI		ORK	LIPERIN					
23.	fy that I held on I	Inquiry	nspection 🔼 Au	topsy 🔲	ond that on th	nis bosis,	death in my	opinion		
result	ed from Notural cou		ivent Suicid				ned monner			
		TIII	10	c	HIEF MEDICAL E	XAMINER			DATE SIG	NED
SIGNATU	REDUNCA	50 h	M.D	ASSIS	TANT MEDICAL E	XAMINER	×X		DATE SIG	IVED
EXAMINE	R'S	and D III	loon M.D.	ASSO	CIATE MEDICAL E	XAMINER		gust 1	1 10	18
NAME (Ty	AATION, 24B. DATE	ard F. Wi	1son, M.D.	or CREMATO	RY 24D. I	LOCATION		n, ar caunty)		ote)
REMOVAL (Specify Burial	Aug. 13	.1968	Maplewood	Cemete	ry E	lkins	, West	Virgi	nia	
25A. DATE REC'D	HEALTH DEPLOCE	25B. NAME O	A 7		UNERAL DIRECTO			DDRESS		
	1908	Volut	E. Janey MA		RY SAND		SONS.I	NC.		
				B8	ltimore	Ma.				

manifer and the conference of Liverity, Library, S.P., Charles

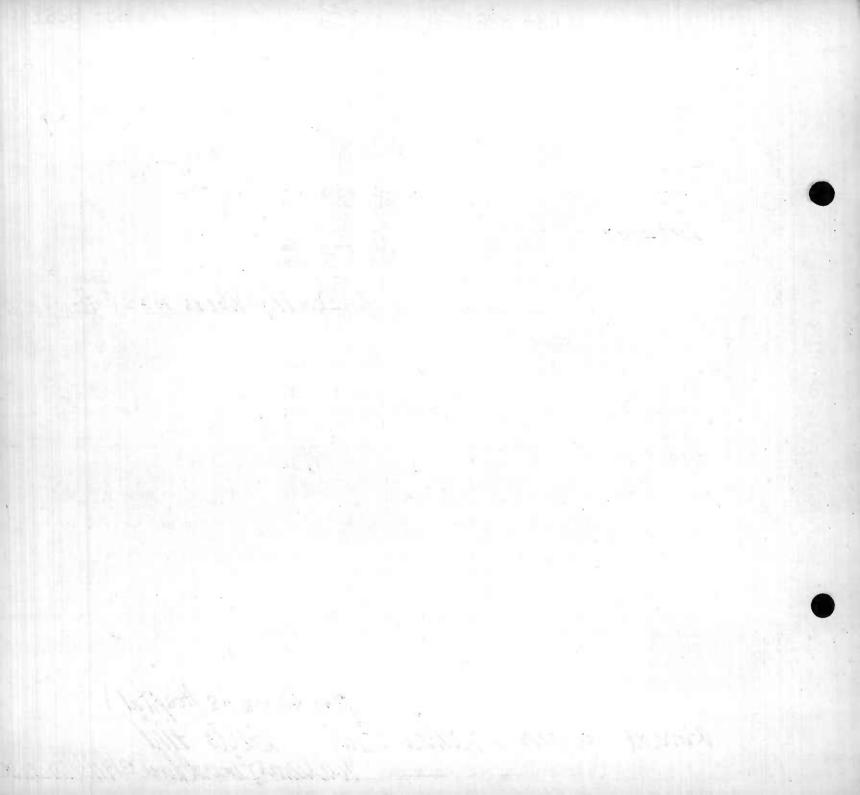
VS 150-REV. 1/1/68

		00	BALTIMORE CITY			68-8259
	68.	- 8259	CERTIFICA	TE OF DEATH	REG. NO	00-0233
BIRTH NO.					AND HOUR OF DEATH	
NAME OF D Type or Print)	JACOBS, Charle	on P. In			10-68	4 - 4 - 4
DI A CE INI B	ALTIMORE MARYLAND, V		DEAD			10:30 A M
A PLACE IN B	ALIMORE, MARILAND, V	WHERE PRONOUNCE	DEAD	A. STATE B. COL		The state of the s
ULL NAME C	F (IF NOT IN HOSPIT	TAL OR INSTITUTION	, GIVE STREET	Maryland		- O 6
IOSPITAL OR	Veterans Admi			C. CITY OR TOWN	D. HKS	IDE CITY LIMITS?
2 2			-	Baltimore		YES NO
00	3900 Loch Ra			E. STREET AND NUMBER		
	Baltimore, M	aryland 212	18	1152 Clevelar	nd Street	
SEX	6. RACE	7. MARRIED N	VER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthday)	Months! Doys Hours Min.
Male	Caucasian	WIDOWED	DIVORCED X	8-24-23	44	
		KIOB KIND OF BUSI	NESS OR INDUSTRY	11. BIRTHPLACE (State or fo	roign country)	12. CITIZEN OF WHAT COUNTRY
	of working life, even if retired)	T Zamawal	ri Co	73 - 2 1 1		
Warehou		J. Zamansl	1 00.	Baltimore, Ma		U. S. A.
					AME	
unaries	P. Jacobs			Anna Stulis		
. Was Deceos	ed Ever in U. S. Armed Fo		OCIAL	17. INFORMANT VA HO	ospital Recor	de ADDRESS
Yes	4-16-43 to		2-16-30-59			
1B. /	4 .0-45 00	~1	CAUSE OF DEATH		Ton Dava, Da	APPROXIMATE INTERVAL
rise la UNDERLYI	ANTECEDENT CAUSE: OR CONDITIONS, if the obove cause (A) NG CONDITION lost.	any, giving stoling the  ONTRIBUTING	,tuitary	ng w/ metastis: gld & thoraci <b>s</b> A CONSEQUENCE OF:		
OTHER SIGN TO THE DE DISEASE OF	ATH BUT NOT RELATED TO CONDITION GIVEN IN PA OF OPERATION 1198, COL		OPERATION	20A. AUTOPSY? (Yos or	No) 20B, JF YES, WERE	FINDINGS CONSIDERED
19A. DATE	OF OPERATION 198. COI WAS PE	NDITION FOR WHICH		Yes		FINDINGS CONSIDERED
21A. ACCIE OR CONTR	OF OPERATION 198 COI	NDITION FOR WHICH	E OF INJURY (o.g., i	**		FINDINGS CONSIDERED LUSES OF DEATH?  TO City, give exact location)
21A. ACCIE OR CONTR DEATH (no	OF OPERATION GIVEN IN PA OF OPERATION 19B. COI WAS PEI DENT WAS UNDERLYING [	NDITION FOR WHICH RFORMED  218. PLAC homo, farr etc.)	E OF INJURY (o.g., i	Yes	(If In Boltimo	
21A. ACCIL OR CONTR DEATH (no 21D. TIME OF INJURY	CONDITION GIVEN IN PA OF OPERATION 198. COI WAS PEI DENT WAS UNDERLYING IBUTING CAUSE OF ity modical examinor)	218. PLAC homo, far etc.)	E OF INJURY (o.g., in, factory, street, of	Yes n or obout 21°C. WHERE DID fice bldg., INJURY OCCUR?	(If In Boltimo	
19A. DATE 21A. ACCIL OR CONTR DEATH (no	CONDITION GIVEN IN PA OF OPERATION 198. COI WAS PEI DENT WAS UNDERLYING IBUTING CAUSE OF ity modical examinor)	NDITION FOR WHICH RFORMED  21B. PLAC homo, for etc.)	E OF INJURY (a.g., in factory, stroet, of	Yes n or obout 21C. WHERE DID ffice bldg., INJURY OCCUR?	(If In Boltimo	ro City, give exact location)
19 A. DATE 21 A. ACCIL OR CONTR DEATH (no 21 D. TIME OF INJURY (APPROX.)	CONDITION GIVEN IN PA OF OPERATION 198. COI WAS PEI DENT WAS UNDERLYING IBUTING CAUSE OF ity modical examinor)	218. PLAC homo, farietc.)  (Hour) 21E. INJU While At Work	E OF INJURY (e.g., in m, factory, street, of RY OCCURRED  Not Whith At Work	Yes n or obout 21°C. WHERE DID fice bldg., INJURY OCCUR?	(If In Boltimo	ro City, give exact location)
19A. DATE 21A. ACCIT OR CONTR DEATH (no 21D. TIME OF INJURY (APPROX.) 22. I certi	CONDITION GIVEN IN PA OF OPERATION 19B. COI WAS PEI DENT WAS UNDERLYING IBUTING CAUSE OF lify modical examinor)  (Month) (Doy) (Year)	218. PLAC homo, fare etc.)  (Hour) 21E. INJU While At Work	RY OCCURRED  Not Whill At Work  ceased fram	Yes n or obout 21C. WHERE DID ffice bldg., INJURY OCCUR?  21F. HOW DID II	(If In Boltimo	re City, give exect location)
19A. DATE 21A. ACCIT OR CONTR DEATH (no 21D. TIME OF INJURY (APPROX.)  22. I certi that (A (w	CONDITION GIVEN IN PA OF OPERATION 19B. COI WAS PEI DENT WAS UNDERLYING IBUTING CAUSE OF (Month) (Doy) (Year)  fy that (1) (this haspita re) last saw the deceas	218. PLAC homo, far etc.)  (Hour) 21E. INJU While At Work  all) attended the de ded alive on	RY OCCURRED  Not Whill At Work ceased fram gust 10,	Yes n or obout 21C. WHERE DID fice bidg., INJURY OCCUR?  21F. HOW DID II  19 68 and	(If In Boltimo	re City, give exect location)
19 A. DATE 21 A. ACCIT OR CONTR DEATH (no 10 C) 21 D. TIME OF INJURY (APPROX.) 22. I certi that (A (w	CONDITION GIVEN IN PA OF OPERATION 198. COI WAS PEI DENT WAS UNDERLYING IBUTING CAUSE OF tify modical examinor)  (Month) (Doy) (Year)  fy that (1) (this haspita te) last saw the deceas	218. PLAC homo, far etc.)  (Hour) 21E. INJU While At Work  all) attended the de ded alive on	RY OCCURRED  Not Whill At Work ceased fram gust 10,	Yes n or obout 21C. WHERE DID ffice bldg., INJURY OCCUR?  21F. HOW DID II	(If In Boltimo	re City, give exect location)
21A. ACCID OR CONTROL OF INJURY (APPROX.)  22. I certithat (M) (wand haur of the control of the	CONDITION GIVEN IN PA OF OPERATION 198. COI WAS PEI DENT WAS UNDERLYING IBUTING CAUSE OF tify modical examinor)  (Month) (Doy) (Year)  fy that (1) (this haspita te) last saw the deceas	218. PLAC homo, far etc.)  (Hour) 21E. INJU While At Work  all) attended the de ded alive on	RY OCCURRED  Not Whill At Work  ceased fram gust 10,  (did) Add Salar  Attention	Yes n or obout 21C. WHERE DID fice bidg., INJURY OCCUR?  21F. HOW DID II  19 68 and riew the bady after death	(If In Boltimo	19 68 inion death occurred on the do
21A. ACCITOR CONTROL OR CONTROL O	CONDITION GIVEN IN PA OF OPERATION 19B. COI WAS PEI DENT WAS UNDERLYING IBUTING CAUSE OF lify modical examinor  (Month) (Doy) (Year)  fy that (1) (this haspita re) last saw the deceas and fram the causes sta	218. PLAC homo, far etc.)  (Hour) 21E. INJU While At Work  all) attended the de ded alive on	RY OCCURRED  Not While At Work ceased fram () (did) (did) Attention  Attention	Yes n or obout 21C. WHERE DID ffice bidg., INJURY OCCUR?  21F. HOW DID II  19 68 and riew the bady after death anding Med. Director	(If In Boltimo	re City, give exect location)  1st 10 19 68 inion death occurred on the do
21A. ACCIU OR CONTR DEATH (no 21D. TIME OF INJURY (APPROX.) 22. I certi that (M) (w	CONDITION GIVEN IN PA OF OPERATION 198. COI 198.	218. PLAC homo, far etc.)  (Hour)  (Hour)  21E. INJU While At Work  (at) attended the de ded alive on	RY OCCURRED  Not While At Work ceased fram () (did) (did) Attention  Attention	Yes n or obout 21C. WHERE DID ffice bldg., INJURY OCCUR?  21F. HOW DID II  21F. HOW DID II  21F. HOW DID II  A color of the bady after death  and of the bady after death	(If In Boltimo	inion deoth occurred on the do
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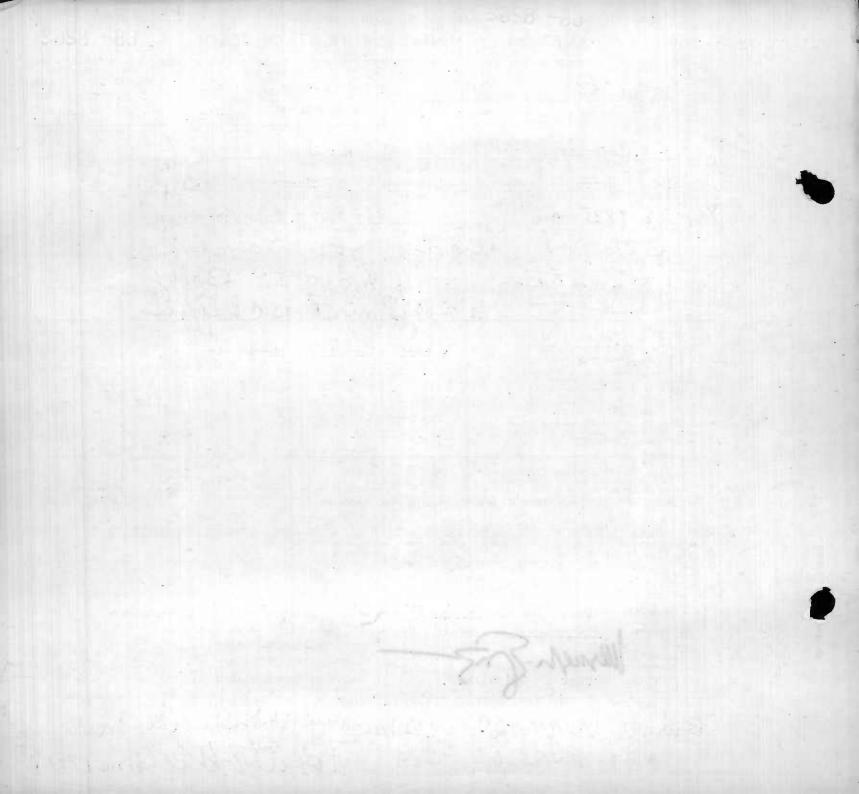
Paul E. Chenoweth Jr. 3617 Chestnut Ave.



Bleeder mak of the first HAID ON PHRISTERS H SHOULD



BIRTH NO.	ME	DICAL EXA	MINER'S	CERTIFIC	ATE OF	DEATH	REG. NO.	68-	8262
I. NAME OF DE	CEASED			2. DATE	Known	Month	Dov	Year	Hour
(Type or Print) ELEANO	OR B	DAN		OF DEATH	Estimoted 🔀	August	6,	1968	9:30 A. M.
FULL NAME OF	(IF NOT IN HOSP ADDRESS OR LOC	ITAL OR INSTITUTION,			NCED DEAD	August	-, -	968	11:11 A M.
OR INSTITUTION	E. Lafayette	Avenue		A. STATE	IDENCE (Where		If institution	n: residence b	pefore admission)
6. SEX	7. RACE	8. MARRIED N	EVED MADDIED	C. CITY OR T		10	INSIDE C	TYAWITS?	2 /
female	negro	WIDOWED [	DIVORCED		timore		A STATE OF THE PARTY OF THE PAR	Transmi	NO
DATE OF BIR	TH 10. AGE that birtho	doy) 6 Months C	Yr. If Under 24 Hrs. Pays , Haurs , Min.	200	7 E. Laf	ayette A	venue		
E	3 alto m	& WHAT	COUNTRY?	10	1 Ke	ane			
	UPATION (Give kind of war working life, even if retire		NESS OR INDUSTRY	mar.	M Z.	B	dy		
	SED EVER IN U.S. ARM	ED FORCES?	SOCIAL SECURITY NO. 17	18. INFORM	LBC	hat	Lin	DDRESS	
19.4	241		CAUSE OF DEA	TH <sup>2</sup>		VI			PROXIMATE INTERVAL
DISEA	SE OR CONDITION DIR LEADING TO DEATH	RECTLY	Arterios		Cardiov	ascular	Disea	se	
heort failui	not meon the mode of re, osthenia, etc. It means t omplication which caused o	the disease,		AS A CONSEQU	NCE OF:				
DISEASES RISE TO THE	ANTECEDENT CAUSES FOR CONDITIONS, IF A HE ABOVE CAUSE (A) S' ING CONDITION LAST	TATING THE		AS A CONSEQU	JENCE OF:		o a a a a a a a a a a a a a a a a a a a		***************************************
O THE D	MINIFICANT CONDITIONS EATH BUT NOT RELATED TO THE CONDITION GIVEN IN	TO THE TERMINAL	(C)						
20A. DATE (	OF OPERATION 208. Co		CH OPERATION W	AS PERFORME	D				PSY? (Yes ar Na)
SUNDERLYIN	RNAL CAUSE WAS IG OR CONTRIB-	22B. PLAC	E OF INJURY(e.g., n, factory, street, offic	in or obout 220 e bldg., etc.)	URY OCCUR?	If in Boltimore C	City, give exc		
		ear) (Haur) 22E.IN WHILE m. WORK		WHILE CORK	HOW DID IN.	IURY OCCUR?			
	TURE WWW I	h- Accid	ent Suicio	Hon CI ASSIST	and that on the	VAMINER X			DATE SIGNED
NAME 24A. BURIAL CR REMOVAL (Spe	(Type) EMATION, 248. DATE	0	AME of CEMETERY	or CREMATOR	Y 24D	LOCATION	(City, taw	n ar county	) (State)
Bur	D BY HEALTH DEPT.	258. NAME OF	REGISTRAR	numb	INERAL DIRECTO	March 1	ne	ADDRESS	vol c
	AUG 13 1968	Oblut 2.	Farleyna	1	ofer	M	il	am	1701h
/S 151-REV. 1/1/	68			10	fi io	, -			



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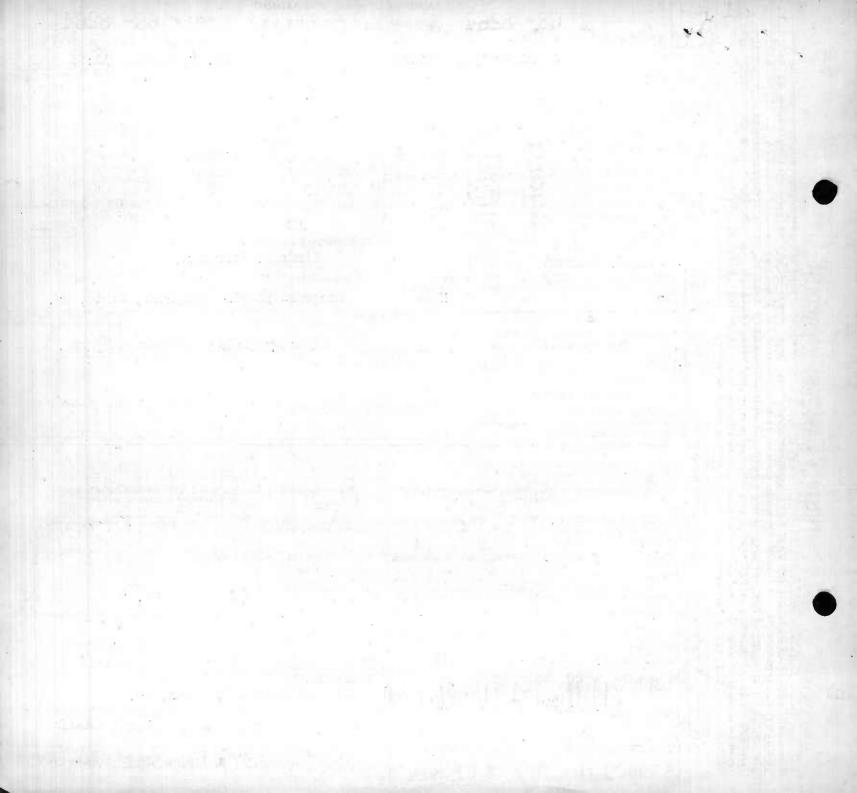
88- 8263 BALTIMORE CITY HEALTH DEPARTMENT

	II2 DATE	v 🗆	11 1			
MEDICAL EXAMINER'S	CERTIFIC	ATE OF	DEATH	REG. NO	68-	8263
68- 6200 BALTIMORE CITY H	HEALTH DEPART	MENT				

BIRTH NO.							REG. N	0		
NAME OF DECEASED				2. DATE	Known [	Month	Doy	Year	Hour	
HERBERT	C.		MCCOY	OF DEATH	Estimoled 😾	August	4.	1968	3:00	AM
PLACE IN BALTIMORE, N	ARYLAND, WHE	RE PRONC	UNCED DEAD	3. DATE		Month	Doy	Yeor	Hour	224
ULL NAME OF (IF N OSPITAL ADDI	OT IN HOSPITAL OF	RINSTITUTIO	ON, GIVE STREET	PRONOL	INCED DEAD	Associate	1.	1060	4.25	Α.
RINSTITUTION	RESS OR LOCATION	N)		5. USUAL RI	SIDENCE (Where	August	16 institut	1968	4:25	AM
				A. STATE	SIDEITCE (Milei e	B.	COUNT	/	selore bamissic	,,,
1009 S. Sharp		(DOA)		Mary		-			- 1	
SEX 7. RACE	B. 1	MARRIED [	NEVER MARRIED	C. CITY OR	TOWN	P	INSIDE	CITY LIMITS?	1	
male neg	ro w	IDOWED	DIVORCED [	Balt	imore	4		YES X	N6 I	
DATE OF BIRTH	10. AGE (In year	ors If Un	der 1 Yr. If Under 24 Hrs.		ND NUMBER			153 621	140 🗀	
Man 8 1003	lost birthday)	Mont	ns, Doys Hours Min.	1000	C Charm	Chrook				
Mar 8,1903 BIRTHPLACE (State or lore	07	10.0	ITIZEN OF	13. FATHER	S. Sharp	Street				
1 - 1 - 1			HAT COUNTRY?	13. FATHER	NAME	1	101	7/		
VIRGINI-	1			1-1	TZHUG	14 /0	1-(	OX		
LUSUAL OCCUPATION (G		KIND OF E	USINESS OR INDUSTR	15. MOTHER	S MAIDEN NAM	WE	~	1. 1		
ne during most of working life, o	ven irrented)			^	1A6614	E 10	HN	500		
. WAS DECEASED EVER IN	U.S. ARMED FO	PRCES?	17. SOCIAL	18. INFORM				ADDRESS		
es, no or unknown) (If yes, give			SECURITY NO.	TNO	20	C(OV	,	000	Sill	10
110 7 7 7				Considera a series	-			007-	of Jerly	71/
19.1 600 1 1			CAUSE OF DEA	TH		/		BETW	PROXIMATE INTE	RVAL
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LEADING 1			Carcino		ıng					
(This does not mean the	e mode of dying,	e.g.,	(A)IMMEDIATE (	AS A CONSEQ	JENCE OF:	***************************************				
heort loilure, osthenia, e injury or complication wh										
ANTECEDEN	T CAUSES		(B)							
DISEASES OR CONDIT	IONS, IF ANY, GI	VING	DUE TO, OR	AS A CONSEC	UENCE OF:					
UNDERLYING CONDI		ם וחב	(-)							
			(C)	****						
OTHER SIGNIFICANT CO	II	DIDITING		-,						
TO THE DEATH BUT NO	T RELATED TO THE	TERMINAL								
DISEASE OR CONDITION										
20A. DATE OF OPERATIO	N 208. CONDIT	ION FOR V	WHICH OPERATION W	AS PERFORM	ED			21. AUTO	PSY? (Yes or I	No)
0								1	No	
22A. EXTERNAL CAUS	WAS	22B. P	LACE OF INJURY(e.g.,	in or obout 2	C. WHERE DID	If in Boltimore C	ity, give		10	
UNDERLYING OR COL		hom e,	form, foctory, street, offic	e bldg., etc.)	IJURY OCCUR?					
UTING CAUSE OF DE		(11) [22	C INITIDY OCCURRED	2	IAI GIG WOU 30	HIRV OCCUPA				
OF INJURY	(Day) (Year)		E.INJURY OCCURRED HILE AT NOT		F. HOW DID IN.	JURY OCCUR?				
(APPROX.)				WHILE ORK						
23.										
I certify that I	held an Inqu	iry	Inspection X Au	topsy	and that an th	nis basis, de	th in m	ny apinian		
resulted from:	Natural causes	K A	Cident Suicio	de Ho	micide 🗌	Undetermined	manne	-		
1 -			7		HIEF MEDICAL E					
ACTUAL 110			1			777			DATE SIGNE	D
SIGNATURE W	guest.	10	M.D	ASSIS	TANT MEDICAL E	XAMINER X				
EVAMBLEDIC	Werner U.	Conit.	z, M.D.	ASSO	CIATE MEDICAL E	XAMINER _			8/4/68	5
NAME (Type)	WEITHEL U.	( )								
A. BURIAL CREMATION,	24B. DATE	1 240	NAME of CEMETERY	or CREMATO	RY 24D.	LOCATION	(City, ic	own, or county	) (Stote)	
MOVAL (Specify)	C 71	V	MALL	411	SIRNY	30.	1	11		
BUKIHL	8-1-6	0	1 100101	7,0	200	19410		101-		
A. DATE REC'D BY HEALTH			OF REGISTRAR	25C. F	UNERAL DIRECTO	OR .		ADDRESS	A. 11.	AMO
AUG 13	1968 0	D. Fr !	2. Farleyma	T	L'BROO	11/1/	m	123W1	10W 70U	1/
	HADA GE	Man.	-,,-,-,	1	0.000	0,0	•			
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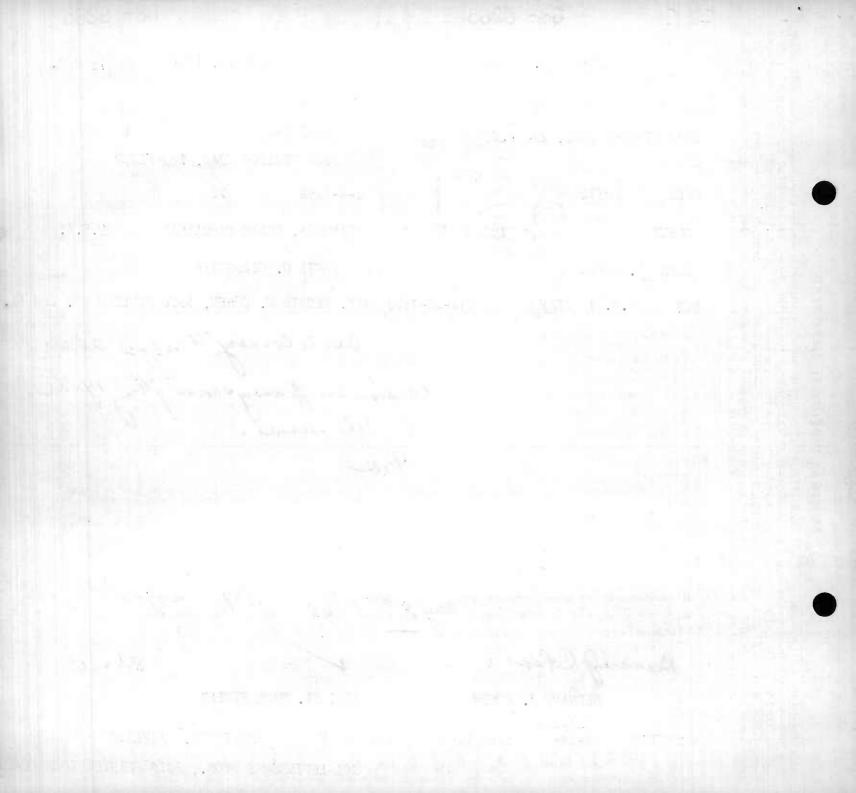
BURIAL 8-7-68 MOUNT AUGURN FRETU MIC I. C. C. Compagni Jana 18

	B-615	5		- 000		HEALTH DEPARTA		100 00CA
	and ased the the		NAME OF DECEASED	0404	4 CERTIFICA		DATE AND HOUR OF DEAT	68-8264
	, 0 0 N	(Ту	pe or Print) Jenr	nifer Ly	nn Brennan		Aug. 8, 1	
	5 0 0	FU	PLACE IN BALTIMORE, MARYLAND, WH  JLL NAME OF (IF NOT IN HOSPITA  OSPITAL OR ADDRESS OR LOCAT			4. USUAL RESIDEN A. STATE Md.	B. COUNTY  The state of the sta	I institution: residence before admission)
	car use; tend	ZZ	US Public Health Ser	rvice Ho		C. CITY OR TOWN Tacoma	Park ()	ASIDE CITY LIMITS?
	U b .		)100 Wymadi IA. DIIVe			7303 H	ilton Avenue	
•	th occurred in contributing etermined can negular at ecased prior on is made.		F W	WIDOWED		9/17/63	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	or nde de itio	don	A USUAL OCCUPATION (Give kind of work) ne during most of working life, even if retired) Child	OB, KIND OF	BUSINESS OR INDUSTRY	DC		12. CITIZEN OF WHAT COUNTRY? USA
=	# 5 € ¥ ± d		Joseph B. Brennan				a M. Harrison	
RTAR	the dir the dir kind; death nce on	15. (Ye	Was Deceased Ever in U. S. Armed Force (s, no or unknown) (If yes, give wor or doles	of service)	SECURITY NO. None	Records	- US PHS Hospi	ital, Balto, Md.
IMPORTANT	or his as Also, if the of any nounced attenda		DISEASE OR CONDITION DIRE		(A)IMMEDIATE CAU		lymphatic leuk	approximate interval BETWEEN ONSET AND DEATH
DIRECTOR			(This does not mean the mode of heart failure, asthenio, etc. It means to injury or complication which caused antecedent CAUSES  DISEASES OR CONDITIONS, if a	the disease, death.)	(B)	A CONSEQUENCE OF		
DIRE	ח בייים וו		rise to the obove couse (A) UNDERLYING CONDITION last.		(c)			
	- U E - U	ATION	O 4.3 OTHER SIGNIFICANT CONDITIONS CON TO THE DEATH BUT NOT RELATED TO THI DISEASE OR CONDITION GIVEN IN PART	E TERMINAL 1 (A).				
FUNERAL	chie Body the ysic	ERTIFIC	19A. DATE OF OPERATION 19B. COND			yes	yes	RE FINDINGS CONSIDERED CAUSES OF DEATH?
ī	== = = = = = = = = = = = = = = = = = =	CALC	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	home, etc.)	PLACE OF INJURY (e.g., in the foctory, street, of	n or obout 21 C. WHER fice bldg., INJURY O	RE DID (If In Baltin CCU R?	nare City, give exact lacation)
	oved by the hospital over the hospital over the company of the hospital over the contract over the con	MEDI	21 D. TIME (Month) (Doy) (Year) OF INJURY (APPROX.)		e At At Work	21 <b>F. HOW</b>	DID INJURY OCCUR?	
•	approto to the of any all (exchange); and be obt		22. I certify that (1) (this haspital) that (1) (we) last saw the deceased	alive an	Aug. 8			Aug. 8 19 68 ppinlan death accurred an the date
	must be sleased crident hospite to deat		and haur and from the causes state 23A. SIGNATURE William L. Wilkie,		(3)	nding Med.		238, DATE SIGNED 8/9/68
RGB	rificate my was rely (1) An acc A. A. at a la d prior to	244	A. BURIAL CREMATION, 248, DATE	J. W.	Chie M.	US PHS	Hospital, Balto	
	Sod Sod D.O D.O	1	BURIAL 8-10-19	68 WAS	SHINGTON NA	TIONAL		MARYLAND
	This the b show was dece			Club 8	E. Farlyna	W.W.CHAI	MBERS (), RIVE 1	RDALE, MARYLAND



FUNERAL DIRECTOR: IMPORTANT

	ME OF DECI		PH I. C	OUEN				T 12, 1968	
3. PI	LACE IN BALT	IMORE MARYLA			UNCED DEAD	4. USUAL RI	SIDENCE (When	e deceased lived. If in	nstitution: residence b
HOS	L NAME OF	(IF NOT IN I	HOSPITAL C	OR INSTITU N)	UTION, GIVE STREET	MAR C. CITY OR TO	y LAND OWN		SIDE CHY LIMITS?
5	600 PIM	ILICO ROAT	), 2nd	FLOOT	R	E. STREET A	TIMORE ND NUMBER	2 2242 4 4	YES X N
S. SE	X	6. RACE	17. 4	MADDIED S	NEVER MARRIED	B. DATE OF E		ROAD, 2nd	If Under 1 Yr.
N	IALE	WHITE	WI	IDOWED [		2-4-18	96	ast birthdoy) 72	Months Doys H
	AGENT	vorking life, even if I	retired}	INSU	URANCE	COLUMB	IS, SOUTI	H CAROLINA	u.s.
13. F.	ATHER'S NAM	AE					S MAIDEN NAM		
	JACK M	. COHEN				CAR	IE G. GO	LDSMITH	
IS. W	os Deceosed	Ever in U. S. Am (If yes, give war	ned Forces? or dates of	service)	1 6. SOCIAL SECURITY NO.	17. INFORMA			ADDRESS
	ES		ARMY		218-32-1830	MRS. BE	SSIE W.	COHEN, 5600	PIMLICO RI
	heart failure, injury or com	at mean the mo asthenia, etc. It plication which o NTECEDENT C	means the caused dear	disease,	(A) IMMEDIATE CA	USE CONSEQUENT	CE OF:	y x certain	The 14
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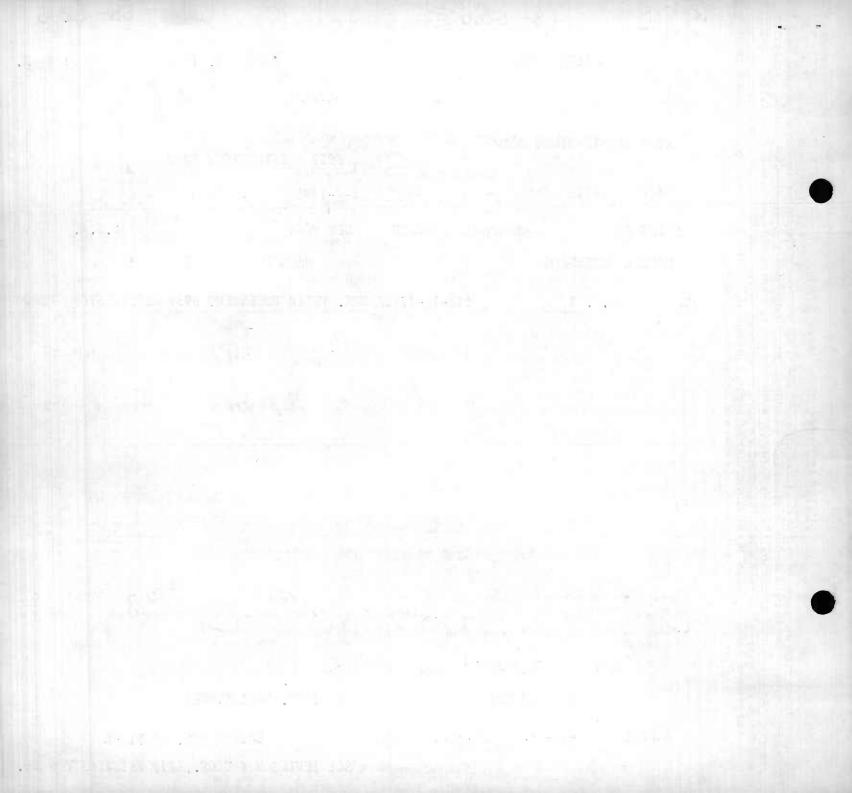


IMPORTANT

FUNERAL DIRECTOR:

VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT



VS 150-REV. 1/1/6B

IMPORTANT

DIRECTOR:

FUNERAL

BALTIMORE CITY HEALTH DEPARTMENT

NO

Hours

ADDRESS

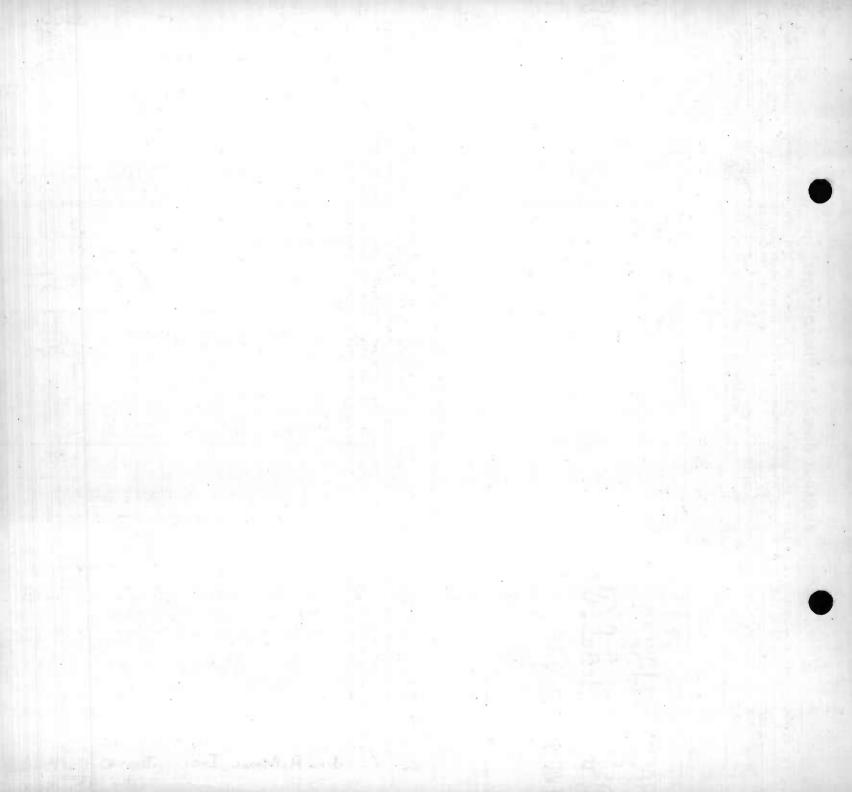
If Under 24 Hrs.

Well And Better One . 12 J. A. Marie 192 A. Harris and A.

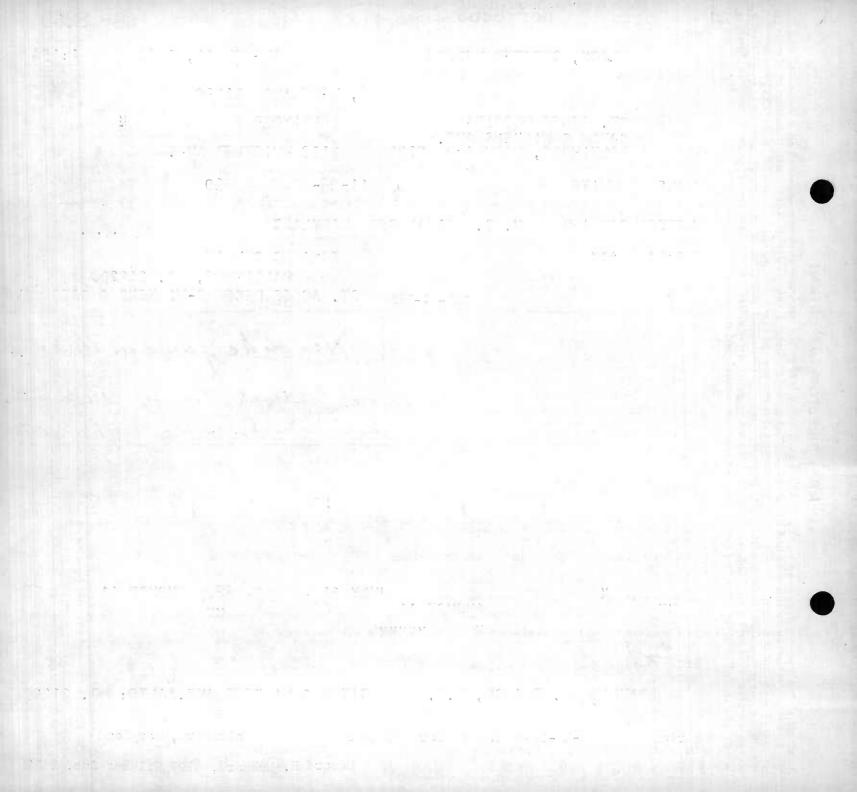
VS 150-REV. 1/1/68

24, Md.

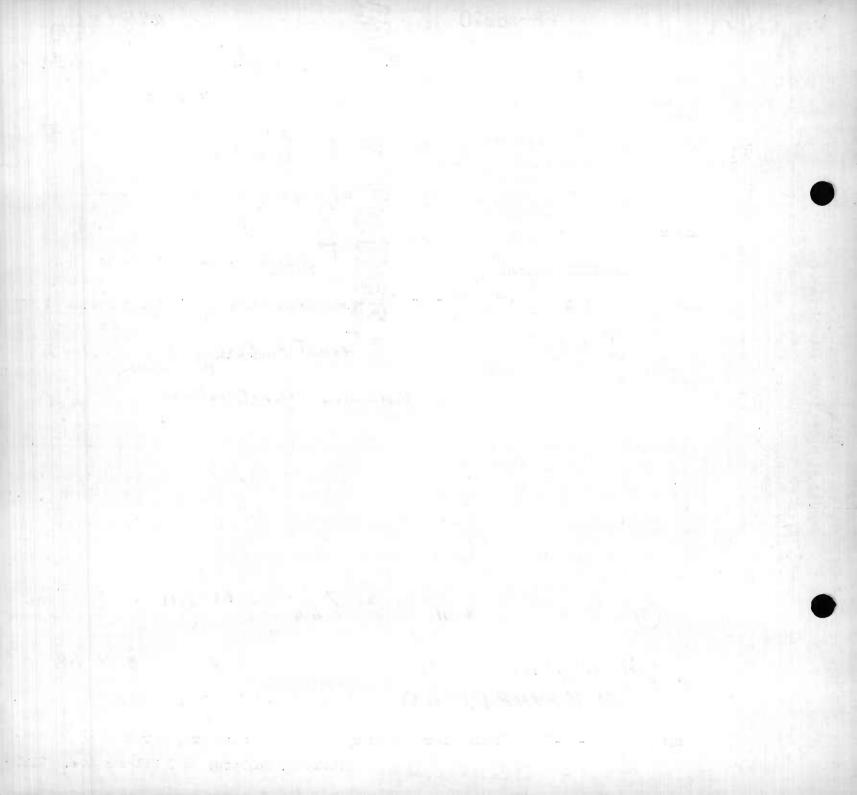
**BALTIMORE CITY HEALTH DEPARTMENT** 



VS 150-REV. 1/1/68



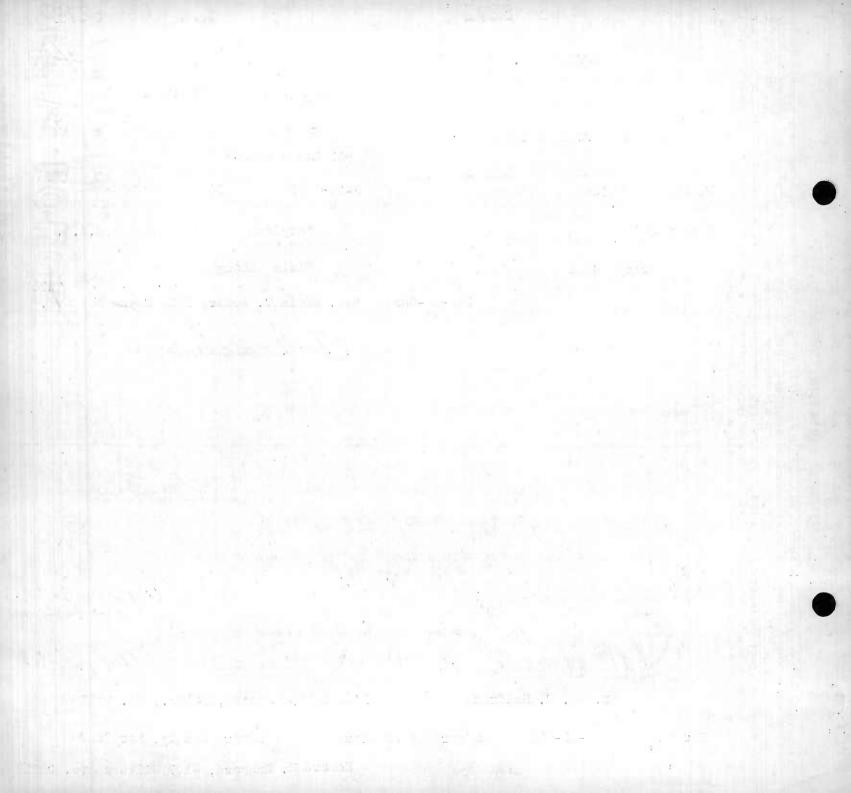
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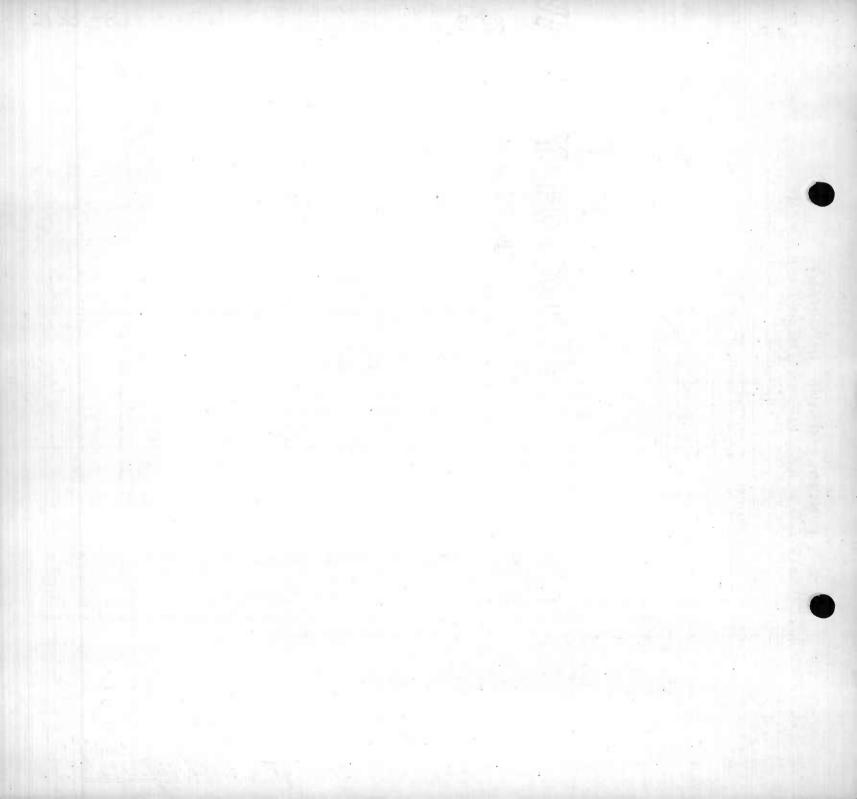
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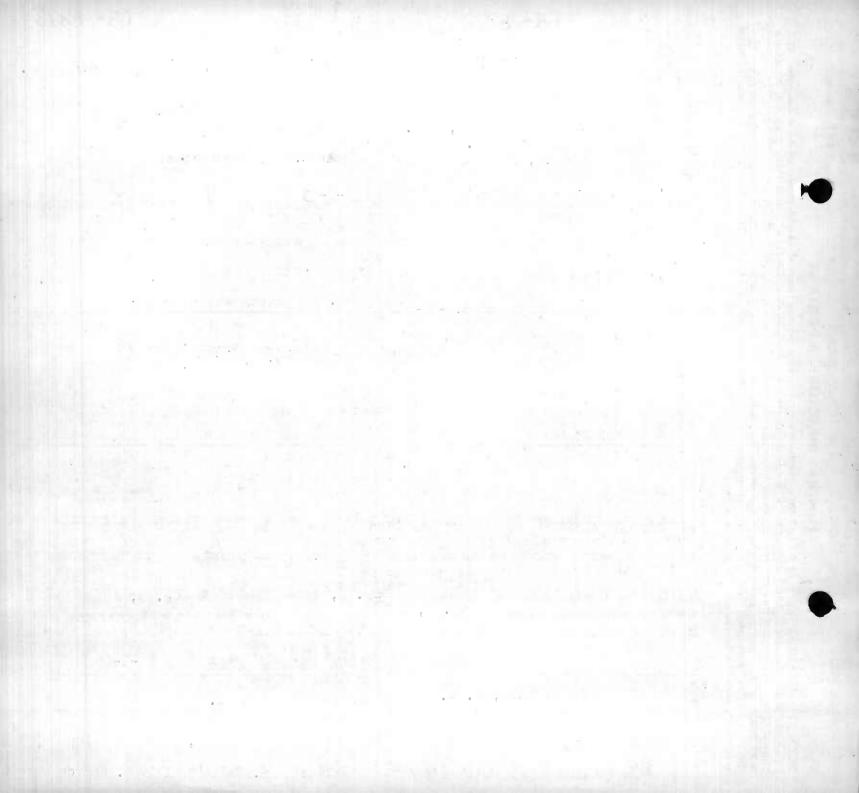
FUNERAL



	BALTIMORE CIT	Y HEALTH DEPARTMENT		00 0000
68- 8	8272 CERTIFICA	ATE OF DEATH	REG. NO	68- 8272
NAME OF DECEASED			OUR OF DEATH	4.
Type or Print) Sarah W. Clavi	ton	Angn	st. 11. 1968	Hisp.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PR		4. USUAL RESIDENCE (Where do	eceosed lived. If institu	ution; residence before odmission
FULL NAME OF (IF NOT IN HOSPITAL OR IN	NSTITUTION, GIVE STREET	Meryland	12	and Control
OSPITAL OR ADDRESS OR LOCATION)		C. CITY OR TOWN	Aller.	CITY LIMITS?
2409 Eutaw Plac	ce	Baltimore E. STREET AND NUMBER	Y	ES NO
O O Baltimore, Mary	yland			
SEX 6. RACE 7. MAR	RIED NEVER MARRIED	B. DATE OF BIRTH 9. A	GE (In years	f Under 1 Yr., If Under 24 Hr.
The state of the s	WED SEPEIVORCED	1001	birthdoy) N	Months Doys Hours Min.
A. USUAL OCCUPATION (Give kind of work 10 B. KIN		Y 11. BIRTHPLACE (Stote or loreign of	ountry)	12. CITIZEN OF WHAT COUNTE
one during most of working life, even if retired)		77.	1500	200.4
House Wife		Virginia 14. MOTHER'S MAIDEN NAME		USA
4.		S SIN S IN S SIN S		
Armstead Williams  5. Was Deceosed Ever in U. S. Armed Forces?	1 6. SOCIAL	Lucy Griffin		ADDRESS
es, no or unknown) (If yes, give war or dates of serv	ice) SECURITY NO.			
No	220-12-4490	Harold Williams	2303 W	Mosher Street
18.24021X	CAUSE OF DEA	in .		BETWEEN ONSET AND DEA
DISEASE OR CONDITION DIRECTLY		11	0 0 0	•
LEADING TO DEATH	(A) IMMEDIATE CA	USE MALDE OUZIDIA	X Ynsull	1 er aucy
(This does not mean the made of dying,	e.g., DUF TO OR AS	A CONSEQUENCE OF:	1	Y
heart failure, asthenia, etc. Il means the dise	ease,	A CONTEGUENÇE OF.	,	
injury ar camplication which caused death.)	4.1	h 0 7 +		
ANTECEDENT CAUSES	iving (B) DUE TO, OF A	Der lenge	N	
DISEASES OR CONDITIONS, if any, gi	9	19 Water &	1. 8 0 57 00	
UNDERLYING CONDITION last.	(c)	D-01 01104-111		<b>1</b> 0
7 443 X II	F7 2 F F F F	w. don't	Sclon	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTE		o cece . de		
DISEASE OR CONDITION GIVEN IN PART 1 (A).	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20	R IF VEC WERE EIN	DINGS CONSIDERED
WAS PERFORMED	FOR WHICH OFERATION	200 100	CERTIFYING CAUSE	ES OF DEATH?
21A. ACCIDENT WAS UNDERLYING	21B. PLACE OF INJURY (e.g.,	in or about 21C. WHERE DID	(If In Baltimare C	Lity, give exact location)
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examinet)	home, lorm, factory, street,	office bldg., INJURY OCCUR?	(,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	21E. INJURY OCCURRED	21 F. HOW DID INJURY	OCCUP?	
OF INJURY	While At Not Wh		occor.	
(APPROX.)	Work At Work	·		
22. I certify that (I) (this hospital) attend	led the deceased fram	8/2 - 196	8 to	19
that (I) (we) lost saw the deceased alive	an 8/2	1968 ond that i	n(my) (our) opinia	n deoth occurred on the da
and hour and from the couses stated above	ve. (1) (We) (did) (did not)	view the body after death.		
23A. SIGNATURE	7 56 0		23	B. DATE SIGNED
Dr. Herman X	DE LUVICI DA	rending Med. Staf		8/10/68
23C. PHYSICIAN'S	DEGREE PH	23D. ADDRESS	0(	
NAME (Type)		2404 Er	How	- Pel
4A. BURIAL CREMATION, 24B. DATE 24	DEGREE		TION ICO	town or county) (51-1)
BERNOVAL (Specify)	C. NAME OF CEMETERY OF CI	REMATORY 24D. JOCA	City,	town, or coupty) (Stote)
purial 8-15-68	Haflan	- Jak	ging	Virginia
SA. DATE ROOP SY HEALTH DEPT. 258. NA	ME OF REGISTRAR	25C. FUNERAL DIRECTOR	1 11 00	ADDRESS MA
TO 1000 (11.1/1.1/1	TE STALL MA	1111111119111	159 11111111111111111111111111111111111	N /19/1/11 YVIX.11

Poleut & Fallens





68- 8274 BALTIMORE CITY HEALTH DEPARTMENT

68- 8274

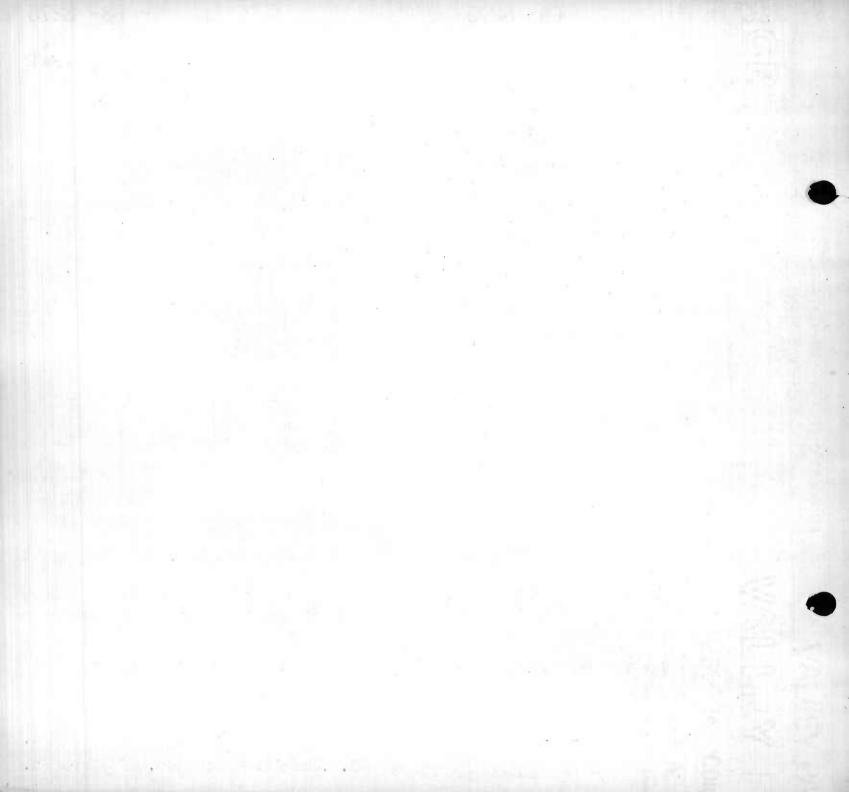
BIRTH NO. 67-12534 MEDICAL EXAMINER'S	CERTIFICATE OF DEATH REG. NO. 00-02/4
1. NAME OF DECEASED (Type or Print)	2. DATE Knawn Manth Day Year Haur
JASON BOYD (/C'OLara)	DEATH Estimated 8 10 68 4:00 a M.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Day Year Hour PRONOUNCED DEAD
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS/OK LOGATION)	August 10 1968 4:00 a M.
SER FIFICASTE AMENDED	5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
Sinai Hospital 9-4-68	A. STATE B. COUNTY B. COUNTY
6. SEX 7. RACE 8. MARRIED NEVER MARRIED X	C. CITY OR TOWN D. NSIDE CITY LIMITS?
Male Colored WIDOWED DIVORCED	Balto. YES NO NO
9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs.	E. STREET AND NUMBER
June 23, 1967   Iast birthday)   Manths, Days, Haurs, Min.	1027 Bosson Ct. (N.)
11. BIRTHPLACE(State or foreign country) 12. CITIZEN OF	1927 Payson St. (N.)
Politimana Marriland WHAT COUNTRY?	Michael Pared
Baltimore, Maryland USA 14A-USUAL OCCUPATION (Give kind of work) 14B-KIND OF BUSINESS OR INDUSTRY	Michael Boyd 115. MOTHER'S MAIDEN NAME
dane during most of warking life, even if retired)	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL	Nikie Johnson  18. INFORMANT ADDRESS
(Yes, no ar unknown) (If yes, give war ar dates of service) SECURITY NO.	
TIO CAUSE OF DEA	Michael Boyd 1927 N. Payson Street
19. 2 7 3 . O 1 CAUSE OF DEA	Septicemia with abscesses in liver were onser and Death
DISEASE OR CONDITION DIRECTLY and	
LEADING TO DEATH	lungs due to mucoviscidosis (cystic fibrosis)  AUSE Gepticemia with abscesses in liver
medit tallyte, astrollia, etc. it medits lite disease,	
injury or complication which caused death.)	-lunge
ANTECEDENT CAUSES (R)	
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO, OR	AS A CONSEQUENCE OF:
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE LINDERLYING CONDITION LAST	AS A CONSEQUENCE OF:
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE LINDERLYING CONDITION LAST	AS A CONSEQUENCE OF:
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE LINDERLYING CONDITION LAST	AS A CONSEQUENCE OF:
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DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE LINDERLYING CONDITION LAST	
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Letter from M.E.'s office 9-4-68 M.H.

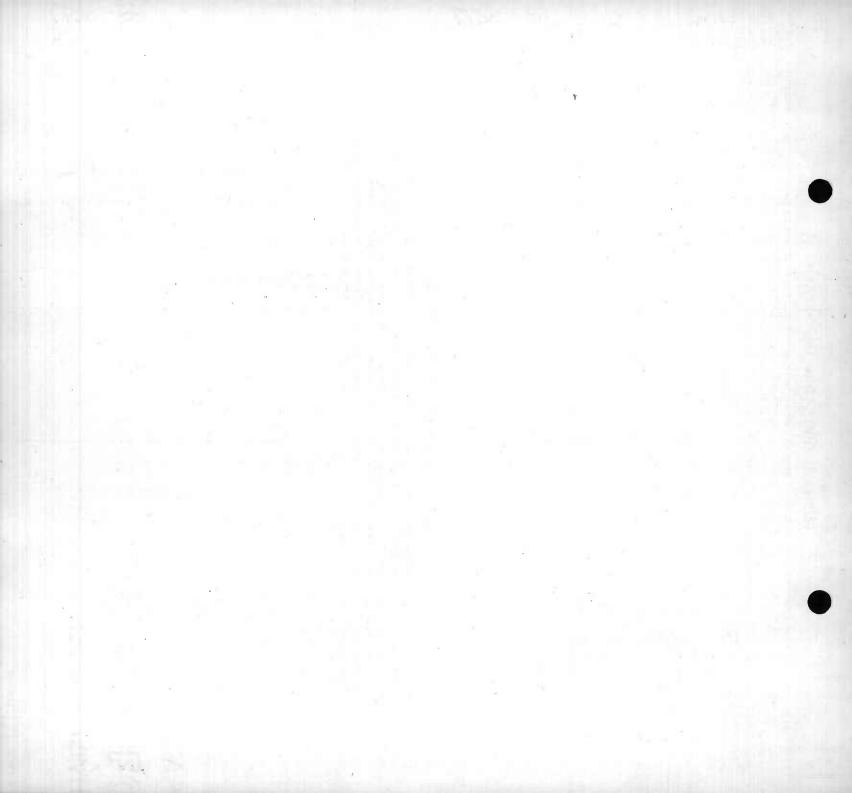
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DIRECTOR:

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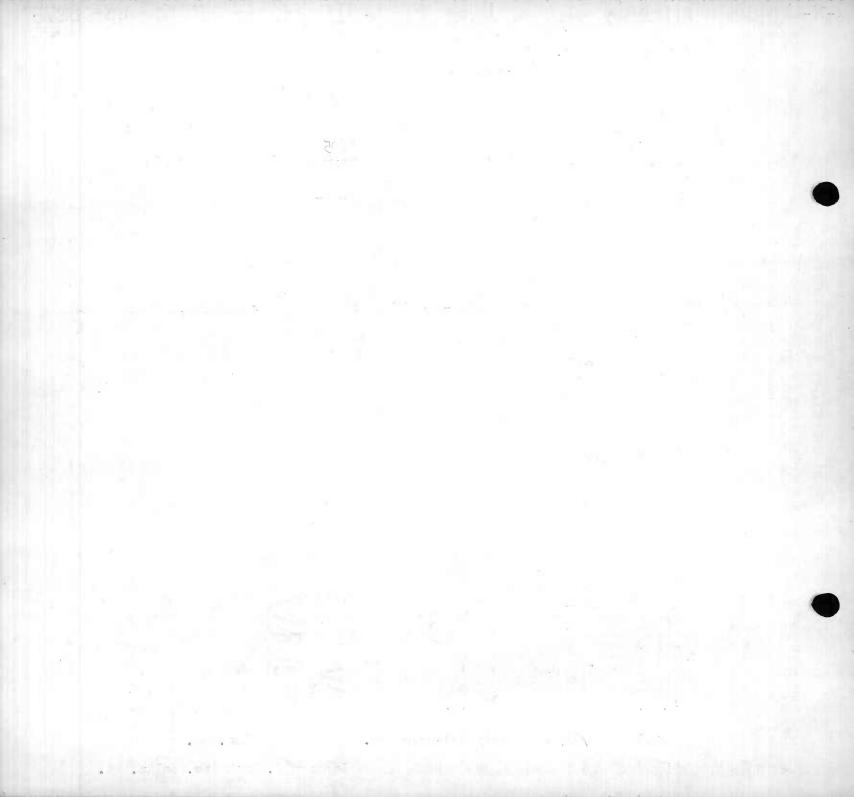
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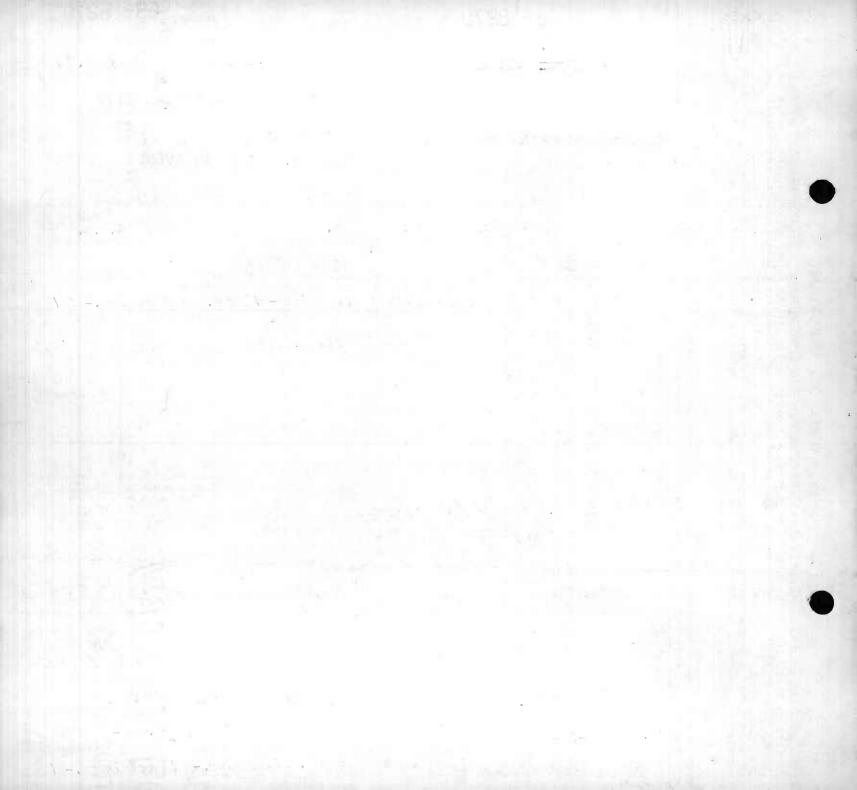


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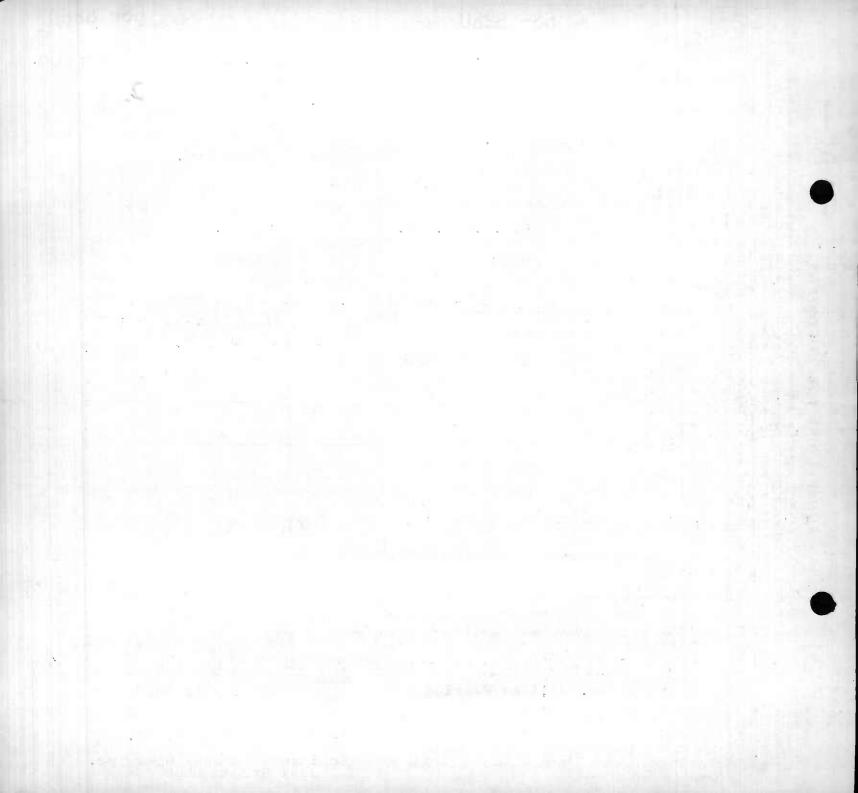
FUNERAL DIRECTOR:

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	Pe or Print)	CV-			ATE AND HOUR OF DEAT			
3.	PLACE IN BALTIMORE, MARYLAND, WHI	A E E	INCED DEAD	4. USUAL RESIDENC	E (Where deceased lived. If	130 a M. institution: residence before admission)		
				A. STATE B.	COUNTY	1-01		
H	LL NAME OF (IF NOT IN HOSPITAL OSPITAL OR ADDRESS OR LOCATI	OR INSTITU	JTION, GIVE STREET	MARYLAND C. CITY OR TOWN		SIDE CITY LIMITS?		
	STITUTION  BALTIMORE CITY HOSPITA	LS		BALTIMORE		YES X NO		
1	4940 EASTERN AVENUE			E. STREETS AND NUM				
J	BALTIMORE, MARYLAND 21	224		AGO RENW	ICK AVENUE 21	206		
5.	SEX 6. RACE 7.	MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years tost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.		
	ALTITUDE ALTITUDES	WIDOWED [	DIVORCED	6-20-99	69			
	N. USUAL OCCUPATION (Give kind of work 10 to during most of working life, even if retired)	B. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote	e or foreign country)	12. CITIZEN OF WHAT COUNTRY?		
	Engineer Retired			PENNSYLVA	NIA	USA		
13.	FATHER'S NAME			14. MOTHER'S MAID	EN NAME			
	FRANK MCKEE			ELIZABETH	MOORE			
15. (Ye	Was Deceased Ever in U. S. Armed Force s, no or unknown) (If yes, give wor or dotes	s? of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT BCH RECORDS	: 4940 EASTER	A DDRESS		
	no		198-09-9192	DOM TESCULES		MARYLAND 21224		
	1B. / / / /		CAUSE OF DEATH	H	DATE HOLD	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
	DISEASE OR CONDITION DIREC	CTLY		i				
	LEADING TO DEATH  (This does not mean the made of d	vina e.a.	(A) IMMEDIATE CAU	A CONSEQUENCE OF:	EAL Carcinon	na		
	heart failure, asthenia, etc. It means th	e disease,	DUE IO, OR AS	A CONSEQUENCE OF:				
	injury or camplication which caused death.)  ANTECEDENT CAUSES							
	DISEASES OR CONDITIONS, if an	v aivina	(B)OR AS	A CONSEQUENCE OF				
	rise to the above cause (A) s							
	UNDERLYING CONDITION last.		(C)					
Z	OTHER SIGNIFICANT CONDITIONS CONT	RIBUTING						
ATIO	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION GIVEN IN PART T	TERMINAL						
		TION FOR V	VHICH OPERATION	20 A. AUTOPSY? (Ye	S of No. 20B. IF YES, WER	FINDINGS CONSIDERED AUSES OF DEATH?		
CERTIFIC	21			Je	Y	. 5		
	OR CONTRIBUTING CAUSE OF		PLACE OF INJURY (e.g., is e, form, foctory, street, of	n or obout 21 C. WHERE fice bldg. INJUN OC	DID (If in Bottim	ore City, give exoct location)		
CAL	DEATH (notify medical examiner)	etc.)				4		
MEDI	OF INJURY (Month) (Doy) (Year)		INJURY OCCURRED		DID INJURY OCCUR?			
2	(APPROX.)	Whi	le At Not While					
	22. I certify that (1) (this haspital)	attended th	ne deceased from	6-12	19 68 ta	8-12 1968.		
	that (1) (we) last saw the deceased	alive an	8-12	19 68	and that in (my) (aur) a	pinlan death accurred an the date		
	and hour and from the causes stated abave. (1) We) (did) (did nat) view the body after death.							
	23ACNGNATURE	0.				23 B. DATE SIGNED		
	K-Christorke	r Staff Phys.	8-12-68					
	23 C PHYSICIAN'S NAME (Type)		()	23D. ADDRESS BATT	IMORE CITY HOS			
	DR. R. CHRISTOPHER	STUCKY	M.D.	all view	EASTERN AVENU			
24/	A. BURIAL CREMATION, 248. DATE		ME of CEMETERY of CRE			City, town, or county) (Stote)		
	Burial 8/14/68	Holy	y Redeemer Cer	n -	Balto. Md.			
25/	A. DATE REC'D BY HEALTH DEPT. 2	B. NAME O	F REGISTRAR	25C. FUNERAL DI		ADDRESS		
1	AUG 13 1968	Robert	r E, Farker MR	Leonard.	J. Ruck Inc. B	alto. Md.		
VS	150-REV. 1/1/6B							

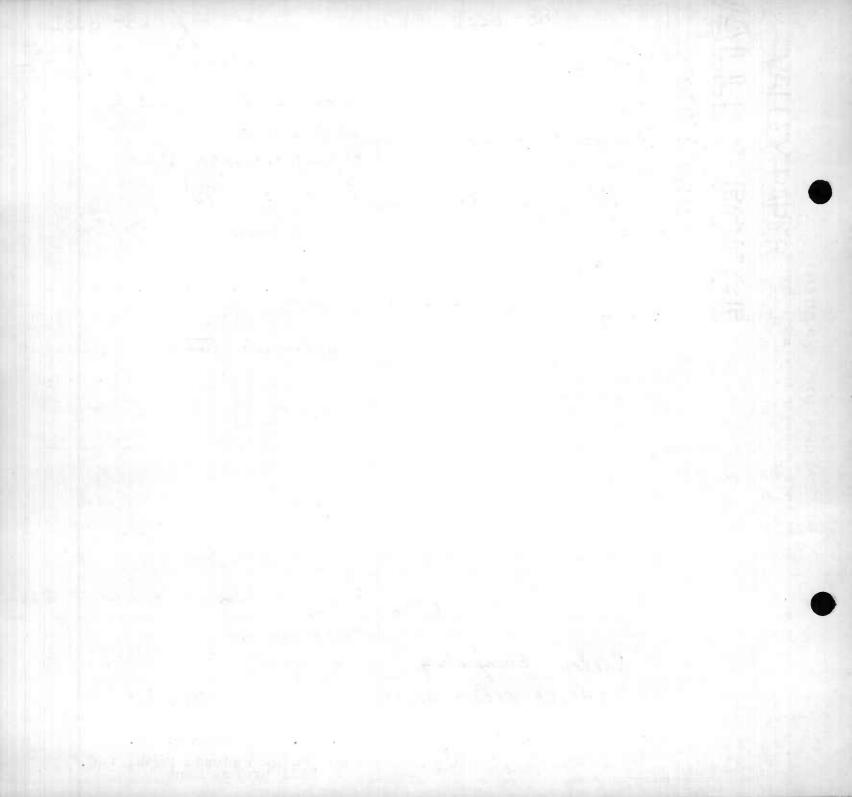




	BALTIMORE CITY	Y HEALTH DEPARTMENT	68- 8280
t	68- 8280 CERTIFICA	TE OF DEATH REG. NO	00-0280
NAME OF DECEASED	YANNE V. SMITH	2. OATE AND HOUR OF DEATH Aug. 8, 1968	10:45 p.
3. PLACE IN BALTIMORE, MARYLAND	, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived, if in	stitution: residence before admission
HOSPITAL OR ADDRESS OR LO		Md. 21213 c. CITY OR TOWN Baltimore	DE CITY LIMITS?  YES NO
2214 E. La	ke Ave.	2214 E. Lake Ave.	
female white	7- MARRIED NEVER MARRIED WIDOWED DIVORCED	1/25/95  9. AGE (In yeors lost birthdoy) 73	If Under 1 Yr. If Under 24 H Months Ooys Hours Min.
OA. USUAL OCCUPATION (Give kind of a cone during most of working life, even if retire Clerical	U.S.F.& G. CO.	Baltimore, Md.	12. CITIZEN OF WHAT COUNT
3. FATHER'S NAME	Jecny	14. MOTHER'S MAIDEN NAME unknown	
5. Was Occeased Ever in U. S. Armed	Forces? 16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
	213-05-8437B	R. Hopper Smith, husba	and, above
DISEASE OR CONDITION LEADING TO DEA  (This does not mean the mode heart failure, asthenia, etc., II me injury or complication which cau  ANTECEDENT CAU	TH  of dying, e.g., ons the disease, sed death.)  (A) IMMEDIATE CA. DUE TO, OR AS	Sacona Morrae Spen Donsection of grand and ACONSEQUENCE OF:	18 mos.
DISEASES OR CONDITIONS, rise to the obove couse (UNDERLYING CONDITION last.)  OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RELATED TO	A) stoling the (C)	S A CONSEQUENCE OF:	
	CONDITION FOR WHICH OPERATION PERFORMED	20A. AUTOPSY? (Yes of No) 208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
21A. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	G 21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	in or obout 21C. WHERE DID (If in Baltimor ffice bldg., INJURY OCCUR?	e City, give exact location)
21D. TIME (Month) (Doy) (Ye OF INJURY (APPROX.)	eor) (Hour) 21E, INJURY OCCURRED While At Work Work At Work	21F. HOW OIO INJURY OCCUR?	
that (I) (we) lost sow the dece	ital) attended the deceased from Josef olive on Deceased from	1965 and that in(my) (our) on	nion deoth occurred on the
ond hour and from the couses :	stated above. (I) (We) (aid) (did not)	view the body ofter deoth.	
23A. SIGNATURE (William L)	2	ending Med. Shaff Oirector Phys.	23B, DATE SIGNED 8 - 10-68
23A. SIGNATURE  Welliam L  23C. PHYSICIAN'S	Zearwig DEGREE Phy 11iam/Fearing	Med. Shaff Phys. 23D. ADDRESS 3025 Belair Ro	8-10-68
23A. SIGNATURE  Welliam L  23C. PRYSICIAN'S	DEGREE Phy  11iam/Fearing  24C.NAME of CEMETERY of CR  /68 Loudon Park Co	Med. Oirector Phys. 23D. ADDRESS 3025 Belair Ro	8-10-68  pad  (Stote (S



		60_	DOO4 BALTIMORE CIT	Y HEALTH DEPARTMENT		00 0000		
BIRTH NO.		00-	8281 CERTIFICA	ATE OF DEATH	REG. NO.	68- 8281		
1. NAME OF		101	1. 4.	2. DATE AN	D HOUR OF DEAT	130		
3. PLACE IN	BALTIMORE, MARY	LAND, WHERE P	RONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission)				
FULL NAME HOSPITAL O	R ADDRESS	N HOSPITAL OR I	INSTITUTION, GIVE STREET	MARY AND	1 21:	NSIDE CITY LIMITS?		
Bow :	Secours	Hospin	tal	E. STREET AND NUMBER	29	YES NO		
134				8/32 KAVAI	VAGA K	ord		
5. SEX	6. RACE		RRIED NEVER MARRIED DIVORCED	3-24-93	9. ACE (In years lost birthday)	Months Doys Hours Min.		
	OCCUPATION (Give k		ND OF BUSINESS OR INDUSTR	Baltimore	ign country)	12. CITIZEN OF WHAT COUNTRY?		
Char-			Lumber Yard	MARYLAN	1	USA		
13. FATHER'S				14. MOTHER'S MAIDEN NA	_			
	Maxmil	lian Ma	tdorf	unkr	nown			
1S. Wos Dece (Yes, no or unk	eosed Ever in U. S. Anown) (If yes, give w	Armed Forces? vor or dates of se	(vice) 16. SOCIAL SECURITY NO. 220-22-9301A	Chart E. V	Waters, s	on, abovess		
18.2 E	39,91		CAUSE OF DEA			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
DI	ISEAŠE OR CONDI LEADING TO			USE Abdomina	Lumor	- Russal W/s		
	es nat mean the			A CONSEQUENCE OF:	700011101	Jacob Care Co.		
heart fai								
	camplication whic	It means the dis th caused death,)						
		th caused death.)						
DISEASE	ANTECEDENT  ES OR CONDITIO	c AUSES  NS, il any,	(B)	S A CONSEQUENCE OF:				
DISEASE	ANTECEDENT	h caused death.) CAUSES ONS, il any, iuse (A) stating	(B)	S A CONSEQUENCE OF:				
DISEASE	ANTECEDENT  ES OR CONDITIO  The abave car	h caused death.) CAUSES ONS, il any, iuse (A) stating	(B)	S A CONSEQUENCE OF:				
DISEASE rise ta UN DERL	ANTECEDENT  SOR CONDITION  The abave cat.  YING CONDITION  II  GNIFICANT CONDITION	CAUSES  ONS, il any, in the second of the se	giving (B) DUE TO, OR A (C)	S A CONSEQUENCE OF:				
DISEASE 10 UN DERLUNDERL	ANTECEDENT  SOR CONDITION  The abave cat  YING CONDITION  GNIFICANT CONDITION  OR CONDITION OF CONDITION  OR CONDITION OF CONDITION  OR CONDITION OF	ch caused death.) CAUSES DNS, il any, is use (A) stating I last. HONS CONTRIBU	giving (B)		)] 208 IE VEC MES	PE SINDINGS CONSUMERS		
DISEASE rise ta UN DERL	ANTECEDENT  SOR CONDITION  The abave cat.  YING CONDITION  GNIFICANT CONDITION  DEATH BUT NOT REL.  OR CONDITION IV.  TO FO PERATION	ch caused death.) CAUSES DNS, il any, is use (A) stating I last. HONS CONTRIBU	giving (B) DUE TO, OR A the (C)	S A CONSEQUENCE OF:  20A. AUTOPSY? (Yes or No	D) 20B, IF YES, WEF	RE FINDINGS CONSIDERED CAUSES OF DEATH?		
DISEASE TO UN DERLO OTHER SI TO THE DISEASE 19A. DAT OR CON OR CON	ANTECEDENT  SOR CONDITION  The abave cat.  YING CONDITION  GNIFICANT CONDITION  DEATH BUT NOT REL.  OR CONDITION IV.  TO FO PERATION	CAUSES  ONS, il any, use (A) stating last.  HONS CONTRIBU ATED TO THE TERM EN IN PART 1 (A).  198. CONDITION WAS PERFORMED	giving (B) DUE TO, OR A the (C)	in or obout 2TC. WHERE DID	IN CERTIFYING	RE FINDINGS CONSIDERED CAUSES OF DEATH?		
DISEASE 10 OTHER SI TO THE DISEASE 19A. DAT OR CON DEATH (21D. TIME) 21D. TIME	ANTECEDENT  ES OR CONDITIO  The abave cat.  YING CONDITION  ANTECEDENT  II  GNIFICANT CONDITION  DEATH BUT NOT REL.  OR CONDITION  CIDENT WAS UNDER  TRIBUTING CAUS  notify medical examination  E (Month) (Do)	CAUSES  ONS, il any, use (A) stating last.  HONS CONTRIBU ATED TO THE TERM EN IN PART 1 (A).  198. CONDITION WAS PERFORMED	giving (B) DUE TO, OR A the (C)	in or obout 2TC. WHERE DID	(If in Boltin	CAUSES OF DEATH?		
DISEASE rise to UN DERLU OTHER SI TO THE DISEASE 19 A. DAT 21 A. ACC OR CON DEATH (	ANTECEDENT  ES OR CONDITIO  The abave cat.  YING CONDITION  CONDITION  ANTECEDENT  FOR CONDITION  C	CAUSES  ONS, il any, use (A) stating last.  IONS CONTRIBU ATED TO THE TERM EN IN PART 1 (A).  198. CONDITION WAS PERFORMED	giving DUE TO, OR A the (C)	in or obout 21C. WHERE DID office bldg., INJURY OCCUR?	(If in Boltin	CAUSES OF DEATH?		
DISEASE rise to UN DERLY OTHER SI TO THE SI TO THE SI TO THE DISEASE TO A CON DEATH (CAPPROX.	ANTECEDENT  ES OR CONDITIO  The abave cat.  YING CONDITION  OR CONDITION  OR CONDITION  CIDENT WAS UNDE  TRIBUTING CAUS  COMMITTED  CAUS  COMMITTED  COMMI	CAUSES  ONS, il any, use (A) stating I last.  HONS CONTRIBU ATED TO THE TERM EN IN PART 1 (A).  198. CONDITION WAS PERFORMED  ERLYING  ERLYING  HOUR HOUR HOUR HOUR HOUR HOUR HOUR HOUR	giving (B) DUE TO, OR A the (C)	in or obout 2TC, WHERE DID office bldg., INJURY OCCUR?	(If in Boltin	more City, give exoct tocation		
DISEASE rise far UN DERLY OTHER SI TO THE DISEASE 19A. DAT OR CON DEATH (APPROX. 22. I ce	ANTECEDENT  ES OR CONDITION  The abave cat.  YING CONDITION  OR CONDITION  CIDENT WAS UNDETRIBUTING CAUS  CORDITION CONDITION  CIDENT WAS UNDETRIBUTING CAUS  notify medical examination  E (Month) (Dog	CAUSES  ONS, il any, use (A) stating I last.  IONS CONTRIBU ATED TO THE TERM EN IN PART I (A).  198. CONDITION WAS PERFORMED  ERLYING  OF THE TERM EN IN PART I (A).  198. CONDITION WAS PERFORMED  OF THE THE TERM EN IN PART I (A).  TO STATE THE TERM EN IN PART I (A).  TO STATE THE TERM EN IN PART I (A).  TO STATE THE TERM EN IN PART I (A).  TO STATE THE TERM EN IN PART I (A).  THE TERM EN IN	giving (B) DUE TO, OR A the (C)	in or obout 21C. WHERE DID office bldg., INJURY OCCUR?	(If in Boltin	CAUSES OF DEATH?  more City, give exoct location)		
DISEASE 10 UN DERLU DISEASE 19A. DAT OR CON DEATH (DISEASE 19A. DAT OR CON DEATH (APPROX. 22. I centhot (I)	ANTECEDENT  ES OR CONDITIO  The abave cat.  YING CONDITION  ANTECEDENT  II  GNIP)CANT CONDITION  CO	CAUSES  ONS, il any, use (A) stating last.  TONS CONTRIBU ATED TO THE TERM EN IN PART 1 (A).  198. CONDITION WAS PERFORMED  ERLYING (CONDITION)  TONS CONDITION (CONDITION)  TONS CONTRIBUTED (CONDITION)  TONS CONTRIBUTED (CONDITION)  TONS CONTRIBUTED (CONDITION)  TONS CONTRIBUTED (CONTRIBUTED (CO	giving DUE TO, OR A DUE TO, OR	in or obout 21C. WHERE DID office bldg., INJURY OCCUR?	(If in Boltin	more City, give exoct location)		
DISEASE 10 UN DERLU DISEASE 19A. DAT OR CON DEATH (DISEASE 19A. DAT OR CON DEATH (APPROX. 22. I centhot (I)	ANTECEDENT  ES OR CONDITIO  The abave cat.  YING CONDITION  CONDIT	CAUSES  ONS, il any, use (A) stating I last.  TONS CONTRIBU ATED TO THE TERM EN IN PART I (A).  198. CONDITION WAS PERFORMED  ERLYING SEOF ner)  The open of the condition of th	giving (B) DUE TO, OR A the (C)	in or obout 21C. WHERE DID office bldg., INJURY OCCUR?	(If in Boltin	CAUSES OF DEATH?  more City, give exoct location)		
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DISEASE 159A. DAT 160 PROX. DEATH (1) Ond hou 23A. SIGN	ANTECEDENT  ES OR CONDITIO  The abave cat.  YING CONDITION  ANTECEDENT  II  GNIFICANT CONDITION  CO	CAUSES  ONS, il any, use (A) stating I last.  TONS CONTRIBU ATED TO THE TERM EN IN PART I (A).  198. CONDITION WAS PERFORMED  ERLYING SEOF ner)  The open of the condition of th	giving DUE TO, OR A the (C)	in or obout 2TC. WHERE DID office bldg., INJURY OCCUR?  21F. HOW DID INJule of the condition of the conditio	(If in Boltin URY OCCUR?	more City, give exact location)  19 68 ppinlon death occurred on the date		
DISEASE IS TO THE STORY OF INJU (APPROX. 22. I ce that (I) and hou 23A. SIGN	ANTECEDENT  ES OR CONDITION  The abave cat.  YING CONDITION  OR CONDITION  OR CONDITION  CIDENT WAS UNDETRIBUTING CAUS  COMPAND	CAUSES  ONS, il any, use (A) stating I last.  HONS CONTRIBU ATED TO THE TERM EN IN PART 1 (A).  198. CONDITION WAS PERFORMED  RELYING (Hour)  hospitol) otten deceased oliveuses stoted obc	giving (B) DUE TO, OR A the (C)	in or obout 21C. WHERE DID office bldg., INJURY OCCUR?  21F. HOW DID INJuly Occur.  1968 ond the view the body ofter death.	URY OCCUR?	more City, give exact location)  19 68 ppinlon death occurred on the date		
DISEASE rise far UN DERLY OF TO THE DISEASE 19A. DAT OF THE DISEASE 19A. DAT O	ANTECEDENT  ES OR CONDITION  The abave cat.  YING CONDITION  OR CONDITION  OR CONDITION  CIDENT WAS UNDETRIBUTING CAUS  CORCONDITION CONDITION  CIDENT WAS UNDETRIBUTING CAUS  notify medical examination  EX (Month) (Do)  Trify that (I) (this  (we) lost sow the condition of the c	CAUSES  ONS, il any, use (A) stating I last.  HONS CONTRIBU ATED TO THE TERM EN IN PART 1 (A).  198. CONDITION WAS PERFORMED  ERLYING (Hour)  hospital) often deceased allowuses stated about	giving DUE TO, OR A the (C)	in or obout 2TC. WHERE DID office bldg., INJURY OCCUR?  21F. HOW DID INJule on the property of	IN CERTIFYING (  (If in Boltin  URY OCCUR?  19 68 to	more City, give exact location)  19 68 ppinlon death occurred on the date		
DISEASE ISS TO THE UNDERLY TO THE UNDEATH (UNDEATH (UNDEATH (UNDEATH (UNDEATH (UAPPROX. 22. I ce that (I) and hou 23A. SIGH	ANTECEDENT  SOR CONDITION  The abave cat.  YING CONDITION  ANTECEDENT  SOR CONDITION  II  GNIFICANT CONDITION	CAUSES  ONS, il any, use (A) stating I last.  HONS CONTRIBU ATED TO THE TERMEN IN PART I (A).  198. CONDITION WAS PERFORMED  ERLYING (Hour)  hospitol) otten deceased of vouses stoted obcomes and the condition of the condition o	giving DUE TO, OR A the (C)	in or obout 2TC. WHERE DID office bldg., INJURY OCCUR?  21F. HOW DID INJ  19 6 8 ond the view the body ofter deoth.  Pending: Med. Director Director Director Director REMATORY 24D. L	IN CERTIFYING (  (If in Boltin  URY OCCUR?  19 68 to	CAUSES OF DEATH?  more City, give exoct location)  19 64,  ppinlon deoth occurred on the dote  23B. DATE SIGNED  8 / 0 / 6 8		
DISEASE rise ta UN DERL  OTHER SI TO THE DISEASE 10 OTHER SI TO THE DISEASE 21A. ACC OR CON DEATH ( DE	ANTECEDENT  SOR CONDITION  The abave cat.  YING CONDITION  ANTECEDENT  SOR CONDITION  II  GNIFICANT CONDITION	CAUSES  ONS, il any, use (A) stating I last.  IONS CONTRIBU ATED TO THE TERM EN IN PART I (A).  198. CONDITION WAS PERFORMED  ERLYING SE OF ner)  Y) (Year) (Hour deceased of the deceased of the uses stated obcomes at the condition of the last of the last obcomes at	giving DUE TO, OR A  TING INAL  FOR WHICH OPERATION  21B. PLACE OF INJURY (e.g., home, lorm, foctory, street, etc.)  21E. INJURY OCCURRED  White At Not Who At Work  Ided the deceosed from the on Sove. (I) (We) (did) (did not)  Ove. (I) (We) (did) (did not)  DEGREE  ON PRAKONO- DEGREE	in or obout 2TC. WHERE DID office bldg., INJURY OCCUR?  21F. HOW DID INJule ond the view the body ofter deoth.    23D. ADDRESS   Bon Second     23D. ADDRESS   Bon Second     24D. Lew   24D. Lew     25C. FUNERAL DIRECTOR     25	IN CERTIFYING (  (If in Boltin  URY OCCUR?  19 64 to  oot in (my) (our) of the continuous of the	causes of DEATH?  more City, give exact location)  19 68,  ppinlon death occurred on the date  238, DATE SIGNED  (City, town, or county) (State)  Md.  ADDRESS  Home, Inc.		

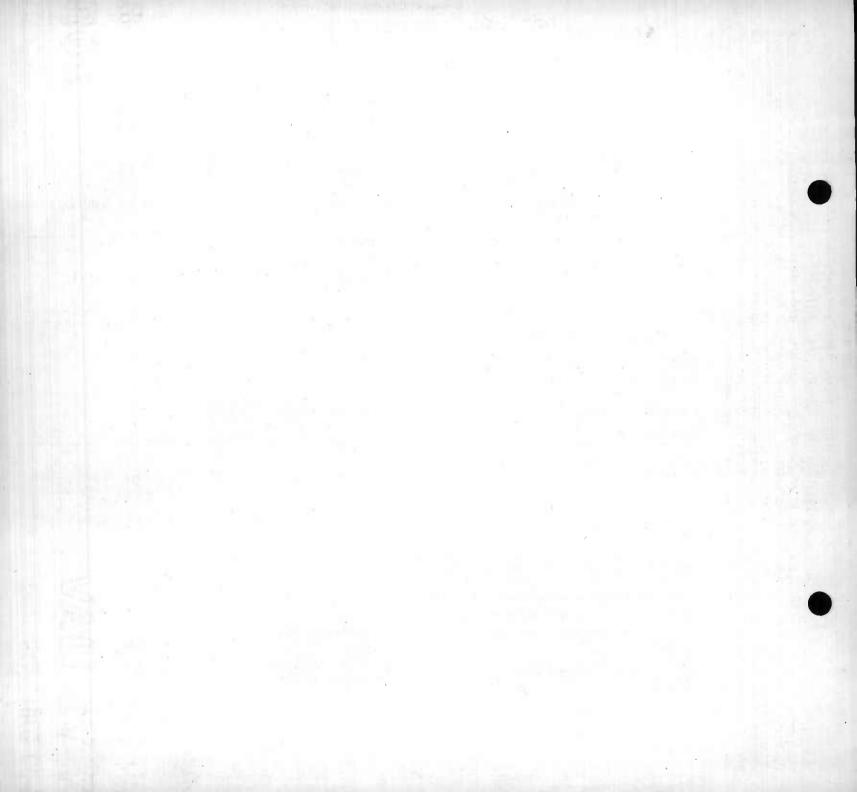


1-2-130 Event THE RESERVE and you want had The street of th

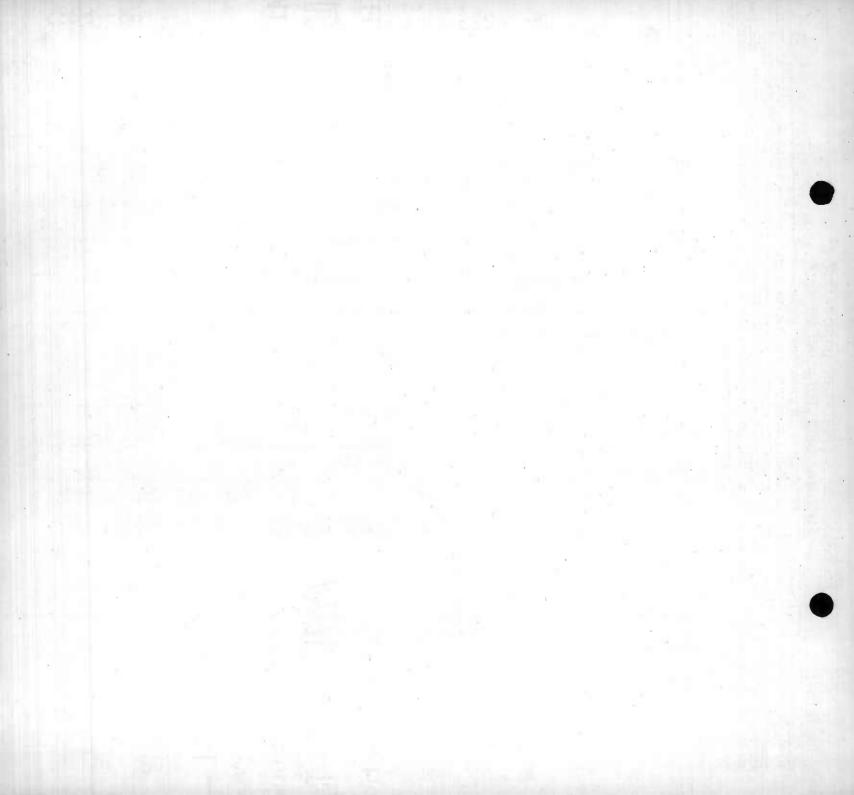
A Survey was F W More March 1817 81 CARD WAY MAN. Lors waster Michiga Mysiconni softel 12 12 13 Church Bour Park THE SUBONG IT

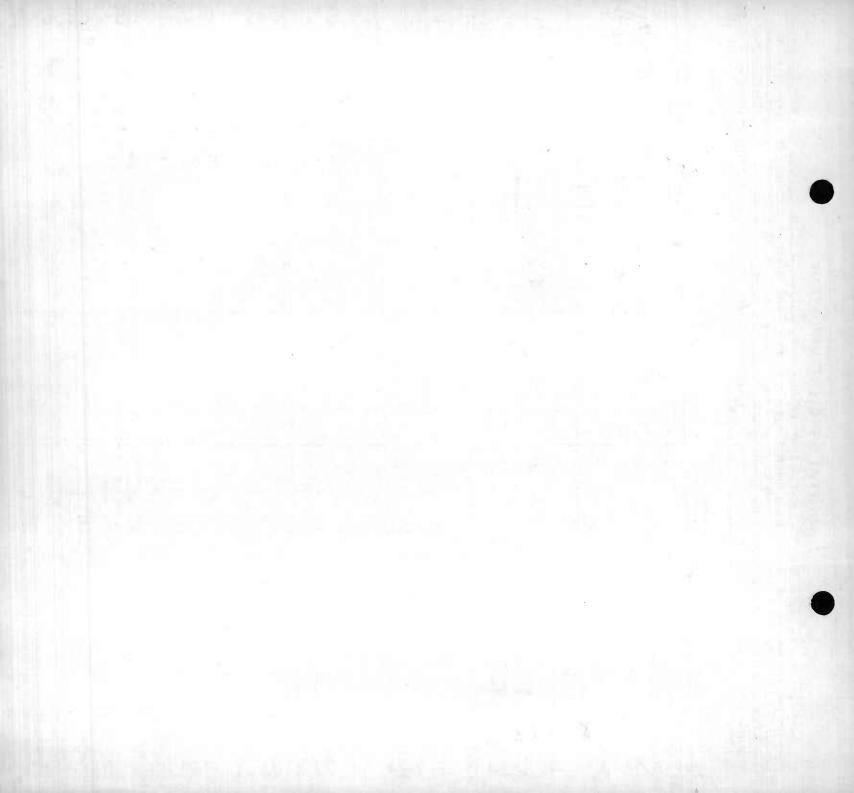
-> 1.b	BALTIMORE CIT	Y HEALTH DEPARTMENT	8- 8284 4						
60	BIRTH NO. 67-14343 68- 8284 CERTIFICA	ATE OF DEATH REG. NO.	0204 4						
ath sed the uch	I. NAME OF DECEASED	2, DATE AND HOUR OF DEATH	1						
School	(Type or Post)		1968 01:40 \$						
F o oce	3, PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	AUGUST 4	7.70						
a co o o	3. PLACE IN BALLIMORE, MARIEAND, WHERE PRONOUNCED DEAD	A. STATE B. COUNTY	2- ()						
Se Se de de	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	MD.	78						
1000	INSTITUTION	C. CITY OR TOWN	Y LIMITS?						
T tel	LUTHERAN HOSPITAL OF MARYLAND	BALTO VYES	NO						
ing ca ca rio	11	E. STREET AND NUMBER							
de la de	PT 6	2400 ELSINORE AUE.							
a diniba	S. SEX 6. RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years lift United Street In years lift United Street	nder 1 Yr. If Under 24 Hrs. hs: Days Hours Min.						
ntri ntri rmi egu ase	FEMALE NEGLO WIDOWED DIVORCED		(0						
Co Co	10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTR' done during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country)	ITIZEN OF WHAT COUNTRY						
de in de	Solie Selfing these of Working they even in tended,								
de Un as as	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME							
if dect was was the	WERCTER PINUADA	ETHEL HAMKINS							
dis h	WEBSTER RICHARDSON  15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service)  16. SOCIAL SECURITY NO.	ETHEL HAWKINS	ADDRESS						
e a a a a a a a a a a a a a a a a a a a	(Yes, no or unknown) (If yes, give wor or dates of service)	1 de la companya della companya della companya de la companya della companya dell	ADDRESS						
th kind fin		allait							
as if if	18. 7 7 7 1 CAUSE OF DEA	TH CONTRACTOR OF THE CONTRACTO	APPROXIMATE INTERVAL						
f o o o	DISEASE OR CONDITION DIRECTLY	0	~ /						
Als ou ou ne	LEADING TO DEATH		2 hrs.						
2 . 0 . 2	(This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease,	A CONSEQUENCE OF:	1 3 0 9 9 9						
pr pr pr	injury ar camplication which caused death.)								
fre	ANTECEDENT CAUSES								
X A A A A A A A A A A A A A A A A A A A	DISEASES OR CONDITIONS, if any, giving DUE TO, OR A	S A CONSEQUENCE OF:							
3.3 e e	rise to the above couse (A) stating the UNDERLYING CONDITION task. (C)								
al al									
dic dic sis	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING								
by by chy	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL    DISEASE OR CONDITION GIVEN IN PART 1 [A].								
dy dy		20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDIN IN CERTIFYING CAUSES C	GS CONSIDERED						
ch BBo th th	194. DATE OF OPERATION WAS PERFORMED	1 CERTIFIEND CAUSES C	T DEATH:						
phe 2 by	U 21A. A CCIDENT WAS UNDERLYING   21B. PLACE OF INJURY (e.g., home, form, factory, street,	in ar about 21 C. WHERE DID (If in Baltimare City,	give exact location)						
1 d +	DEATH (notify medical examiner)	and sign, mount of day.							
d N N A	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?							
p d d	While At Not Wh	ite							
ov n d d ta	Work Al Work		11 16						
th th	22. I certify that (I) (this hospital) attended the deceased from		4 1968						
40 to	that (I) (we) lost saw the deceased alive on AUG, 4	1968 ond that In(my) (our) opinion d	eoth occurred on the dot						
sed to int of ipital eath)	ond hour and from the causes stated above. (1) (We) (did) (did not) view the body ofter death.								
must be eleased scident hospit to deat	23A. SIÇNATURE	238, [	ATE SIGNED						
ho ho	7/. / 1/ 1/ Dh	rending Med. Staff ys. Director Phys.	14/68						
0 - 0 - >	23C. PHYSICIAN'S NAME (Type)	23D. ADDRESS	1						
was r An a A. at prior	VII LA T. TA	L' the way bolder sital of Mes	undered						
	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CI	REMATORY 1245 HICK TION	WAR STEAD						
T & O O O	REMOVAL (Specify)	TIME CONTRACTOR	I CCHOOL						
	8-7-68	UNIVERSITY MEDICA	L SCHUUL						
This the bashow was decement	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	_ BĈHD						
F = 0 3 0 3	AUG 14 1968 Robert E. Farlyma	MURIUAKY SERVICE	- Domb						

FUNERAL DIRECTOR: IMPORTANT



BALTIMORE CITY HEALTH DEPARTMENT





W-320

68- 8287 BALTIMORE CITY HEALTH DEPARTMENT

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			MED	ICAL	. EX	AMINER'S	CERTIF	ICATE OF	DEATH	REG. NO	68-	828	1
_	TH NO.												
	NAME OF DEC						2. DATE OF	Known L	Month	Doy	Yeor	Hour	**
	ROLAN		A			WATTS	DEATH	EstimotedXIX	August	12,	1968	6:00	P. M.
' '	PLACE IN BALT						3. DATE	UNCED DEAD	Month	Doy	Year	Haur	
HO	L NAME OF SPITAL	ADDRE	SS OR LOCA	ION)	IIIUIIO	N, GIVE STREET	TROTTE	OTTOED DEAD	Augus	t 12,	1968	6:40	P . M.
OR	INSTITUTION						5. USUAL A. STATE	RESIDENCE (Where			n: residence b	pefare admis	sian)
0	562 S.	Longw	ood St	reet				yland	D.	COUNTY		otto A	
6.	SEX	7. RACE		8. MARI	RIED L	NEVER MARRIED	C. CITY O	RTOWN	D	INSIDE C	TY LIMITS?	16	
	male	white		WIDOV			Ra1	timore	C.	100	ES X	NO 🔲	
9. [	DATE OF BIRTH		10. AGE (In	yeors	If Und	ler 1 Yr. If Under 24 Hrs.		AND NUMBER			בז נאַן	140	
1	- f a	10.0	last birthdo	<b>()</b>	Month:	s Doys Hours Min.		0 0 7	1				
11	BIRTHPLACE (S	1909	58 (m. country)		12 CI	TIZEN OF	13. FATHE	2 S. Longw	ood St.			-	
			,			HAT COUNTRY?	10. 12.	1	. 1	77			
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don	e during most of w	arking life, ev	en ifretired)	40. KINI	D OF B	USINESS OR INDUSTR							
	STORE K					ERX		RTRUDE	BRO	OKS			
	WAS DECEASE s, na og unknawn)					17. SOCIAL SECURITY NO.	18. INFOR	MANT		A	DDRESS		
	No	No			'		MARI	= WATTS	562 5	3-Lon	4 wood	ST	
	19 0	7. 1-1	V			CAUSE OF DEA	TH					PROXIMATE IN	
	DISTACE	COLCOND	TION DIRE	TIV							06144	CEIN ONSE! A	NO DEATH
		E OR COND LEADING TO		ILI		Multiple		Wounds					
	(This does no	ot mean the	mode of dy			(A) IMMEDIATE (	AS A CONSE	AUSE IS A CONSEQUENCE OF:					
		asthenia, etc.											
		TECEDENT				(B)DUE TO, OR	AS A CONS	FOLIENCE OF					
	RISE TO THE	ABOVE CA	ONS, IF ANY USE (A) STAT	, GIVING ING THE	,	DUE TO, OR	AS A CONS	EQUENCE OF:					
z	UNDERLYIN	IG CONDITI	ON LÁST.			(c)							
0	E 9 9	a ×	11										
X	OTHER SIGN	IFICANT CON	ADITIONS CO										
E E		TH BUT NOT CONDITION				*************							
CERTIFICATION	20A. DATE OF	OPERATION	1 20B. CON	DITION	FOR W	WHICH OPERATION W	AS PERFOR	MED			21. AUTO	PSY? (Yes	or No)
ਹ	2)											Yes	
AL	22A. EXTERI	VAL CAUSE	WAS		228.PL	ACE OF INJURY(e.g., farm, factory, street, office	in ar about	22C. WHERE DID (	(If in Soltimore C	lity, give ex	act location)	103	
EDIC	UNDERLYING				ham e,		e bldg., etc.)				20-	-01	
ME	UTING L CA		TH. Day) (Year	) (Hau	122	home		22F. HOW DID IN	Longwood	J SL.	of o	0	0
	OF INJURY				'		WHILE						
	(APPROX.) 8	/12/00	6:00	J.P.	m. W		ORK	subj.	stabbed	durin	ig robb	ery	
	23.	ify that I h	ا حدادات			Inspection Au	tapsy X	and show on all	ata basta da	- Ala - La -	lalan		
								ond that on th			оринон		
	result	ed from: N	atural cou	ses 🔲	Ac	sident Suicio							
	ACTUAL	111/	10 1.11	10		1	CHIEF MEDICAL EXAMINER DATE SIGNED					NED	
	SIGNATU	JRE WW	Vue	ハル	-0	DA MI	ASS	SISTANT MEDICAL E	XAMINER [	<u>ş</u>			
	EXAMINE NAME (T	ER'S W	erner 1	J. Sp	itz	, M.D.	ASS	OCIATE MEDICAL E	XAMINER [	]	8	/13/68	3
	A. BURIAL CREA	MATION, 2	48. DATE		248	NAME of CEMETERY	or CREMAT	ORY 24D.	LOCATION	(City, taw	n, ar county	) (Sto	ite)
RE	MOVAL (Speeif	1	0 . /	10	-	1	7	10 -	2			41	1
	OURIA		8-16-		10.40=	Loudon	TA		BALTI			Md	
25	A. DATE REC'D		4000			OF REGISTRAR	25C.	FUNERAL DIRECTO	hw+6	MUN	F44	ston	45
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Hele Miles Pailoning Order almost Filelan 21403-4471 Hours Ve got 3704. Jan. CHARLES WARREN WARREN FRICTION BIFFILLS COT BURERIUS TOUCH . C. C. December years the transmission of the comments of the comment Elish to an and a material and a Andrew 12 60 0 Andrews 12 165 Boy is year 8 13- 14 Milling 10 to the region Bearing Some Helder art ferra She section 8

IMPORTANT DIRECTOR: FUNERAL

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> > VS 150-REV. 1/1/6B

BALTIMORE CITY HEALTH DEPARTMENT 1968 4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) D. INSIDE CITY LIMITS? YES NO 21207 If Under 1 Yr. Months: Doys If Under 24 Hrs. Hours 12. CITIZEN OF WHAT COUNTRY? U.S.A. ADDRESS APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltlmore City, give exact location) ond that in (my) (aur) aplaion deoth accurred on the date 23B, DATE SIGNED (City, town, or county) **ADDRESS** Loring Byers 8728 Liberty Rd. 21133



68-8	BALTIMORE CITY	HEALTH DEPARTMENT		68- 8292
BIRTH NO.	CERTIFICA	TE OF DEATH	REG. NO	00 0000
NAME OF DECEASED		2. DATE AN	D HOUR OF DEATH	
Type or Print) REHBERG. SI	STER ANGELA		ST 13, 196	8:10A
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRO	ONOUNCED DEAD	4. USUAL RESIDENCE (Where	deceased lived. If inst	itution; residence before admissio
		MARYLAND		Comedal
FULL NAME OF (IF NOT IN HOSPITAL OR IN ADDRESS OR LOCATION)	ISTITUTION, GIVE STREET	C. CITY OR TOWN	In MSID	E CITY LIMITS?
NSTITUTION		BALTIMORE		YES NO
I/O ST. AGNES HO	CPITAL	E. STREET AND NUMBER		153 [] 140 []
40 31. Adiles 110	STITAL	4000 FOREST	T HILL RD.	21207
	RIED NEVER MARRIED	8. DATE OF BIRTH	ost birthday)	If Under 1 Yr. , If Under 24 Hi Months! Days   Hours   Min.
FEMALE WHITE WIDOW		01710705	10	
OA. USUAL OCCUPATION (Give kind of work 10B. KIN	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreig	gn country)	12. CITIZEN OF WHAT COUNT
one during most of working life, even if retired)  RELIGIOUS		Rochester, N.Y	•	U.S.
3. FATHER'S NAME	A STATE OF THE STA	14. MOTHER'S MAIDEN NAM	AE.	0.5.
CASPAR RHEBERG		MARY ANN CAS	STELLO RHE	BERG
S. Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
(es,na arunknown) (If yes, give war ar dates of serv	SECURITY NO.		DODITAL DE	
NONE		IST. AGNES HO	DSPITAL RE	
18.4.10.41	CAUSE OF DEATH			APPROXIMATE INTERVAL BETWEEN ONSET AND DEA
DISEASE OR CONDITION DIRECTLY	CARI	DIOGENIC SHOCK	Κ.	
LEADING TO DEATH	AND MARKEDIATE CALL	e E		
(This does not mean the mode of dying,		CONSEQUENCE OF:		
heort failure, osthenio, etc. It meons the dise injury or complication which caused death.)	A CII	TE MYOCARDIAL	INFARCTIO	N
ANTECEDENT CAUSES	ACO	IL MIOCARDIAL	INI ANOTTO	
	(8)	A CONSEQUENCE OF:		
DISEASES OR CONDITIONS, if any, gi				
UNDERLYING CONDITION lost.	(c) ASC	/ U		
420.1 11				
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTI		SIBLE CVA		12 HOURS
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	NAL TUS	DIDEL OVA		12 1100103
	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	208. IF YES, WERE FI	NDINGS CONSIDERED
		NO		
OR CONTRIBUTING TO CALLER OF	21 B. PLACE OF INJURY (e.g., in home, farm, factory, street, of	n or about 21 C. WHERE DID	(If in Baltimore	City, give exact location)
▼ DEATH (notify medical examiner)	etc.)			
21D. TIME (Month) (Doy) (Year) (Hour)	21E. INJURY OCCURRED	21 F. HOW DID INJU	JRY OCCUR?	
OF INJURY (A PPROX.)	While At Not While	, _		
1011100/4/	Work L At Work		10	07 10
22. I certify that (I) (this haspital) attend		4.6	9 68 a AUGU	ST 13 19 68
that (I) (we) last saw the deceased alive	an AUGUST 13	19 68 and the	at in(my) (aur) apini	ian death occurred an the do
and hour and fram the causes stated above	e. (1) (We) (did) (did not) v			
23A. SIGNATURE		,		23 B. DATE SIGNED
Cilou 1-11:15		nding Med.	Staff Phys.	
celejandi mejer	- DEGREE Phys			08/13/68
23 C. PHYSICIAN'S NAME Hypel		23D. ADDRESS	BALT	IMORE, MD 21229
A. MEJIA, M.D.	DEGREE	ST. AGNES HO	SP; CATON &	WILKENS AVES.
4A. BURIAL CREMATION, 24B. DATE 24 REMOVAL (Specily)	C. NAME of CEMETERY OF CRE			, lown, or county) (Stote)
burial 8-14-68	Satan	n	altimena 01	915
	Seton ME OF REGISTRAR	2SC. FUNERAL DIRECTOR	altimore-21	ADDRESS
AUG 1 4 1968 0 0 4	Q .T. A.	- () () 1	0. 100	
1100 T - 1900 OLTAN	C, WHITE	Stewart & Mo	wen 00.108-	W-North-Av-2120
S 150-REV. 1/1/6B				

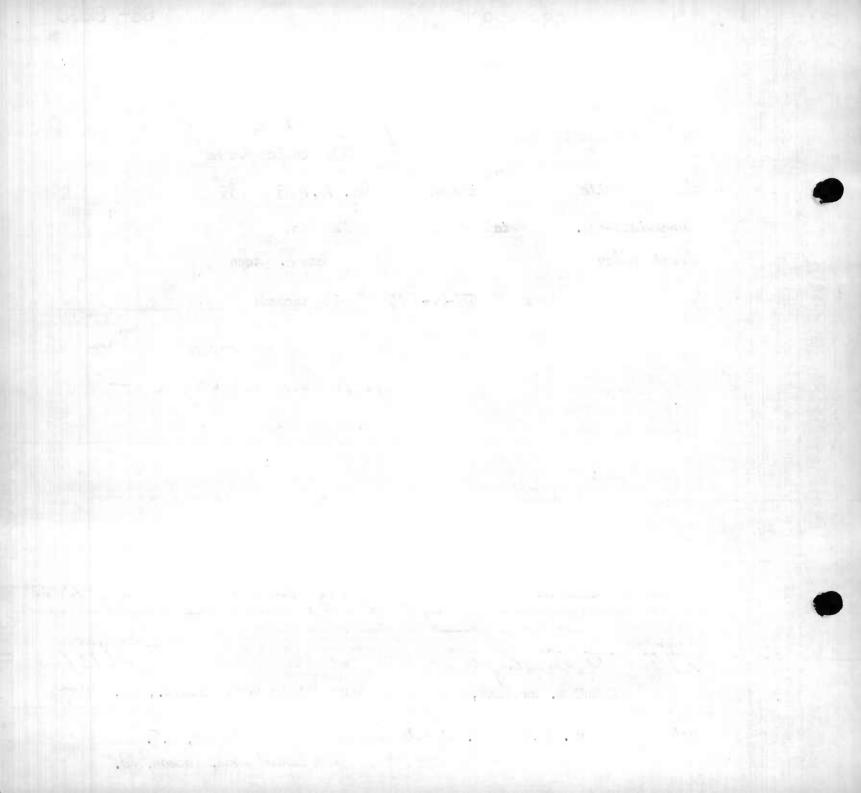
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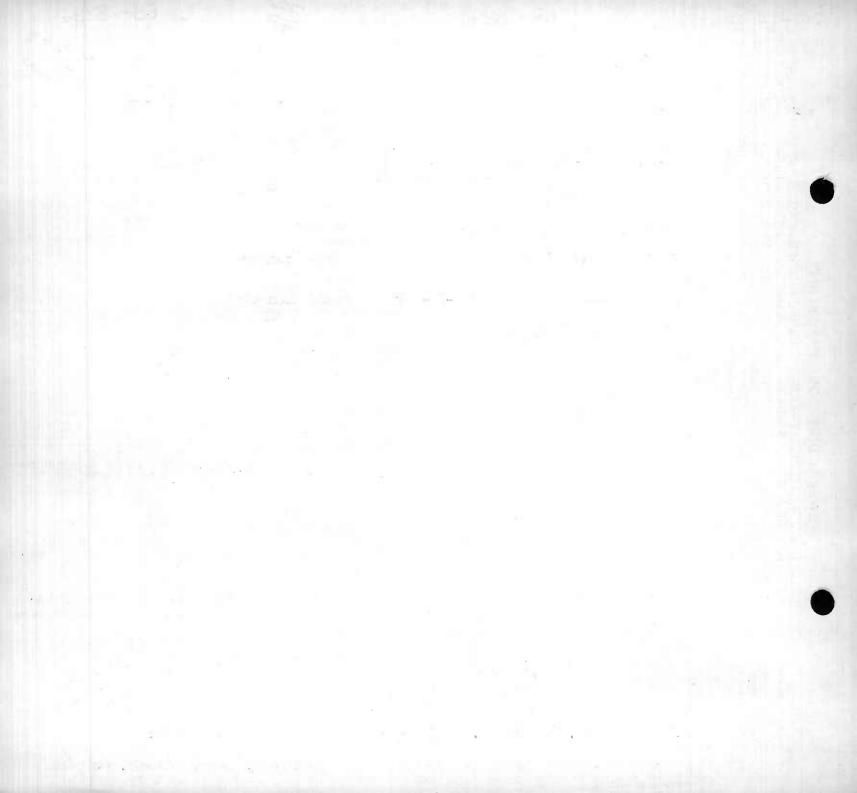
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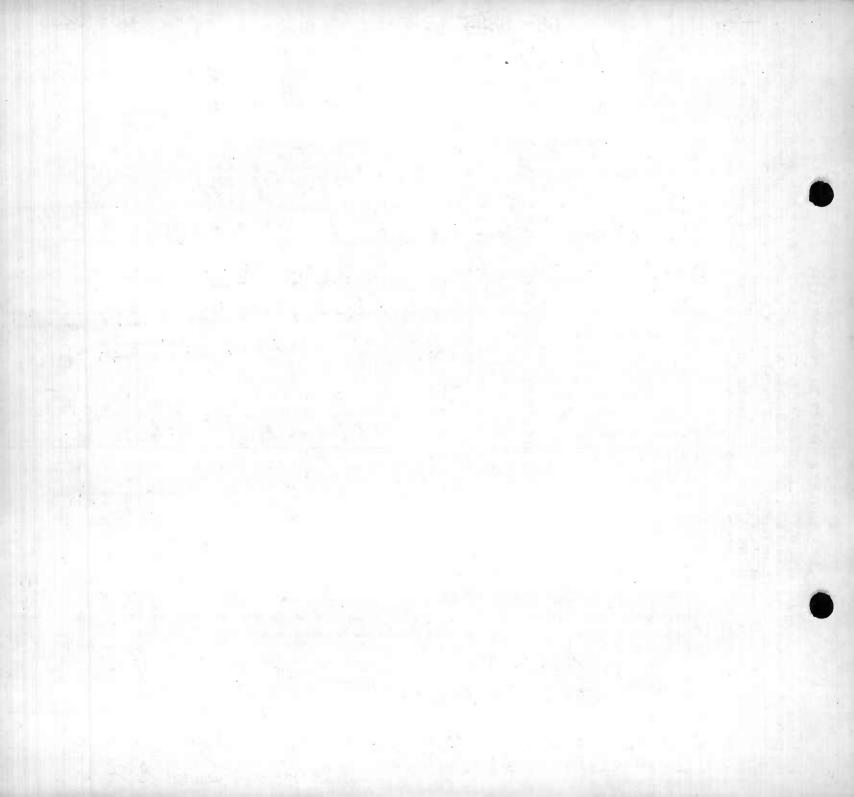
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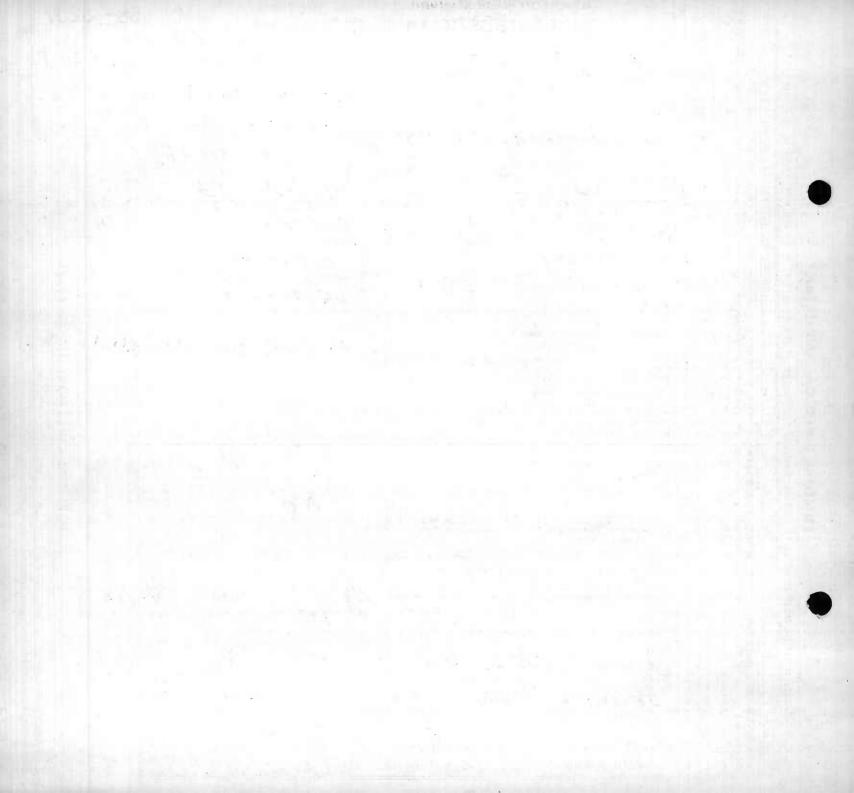
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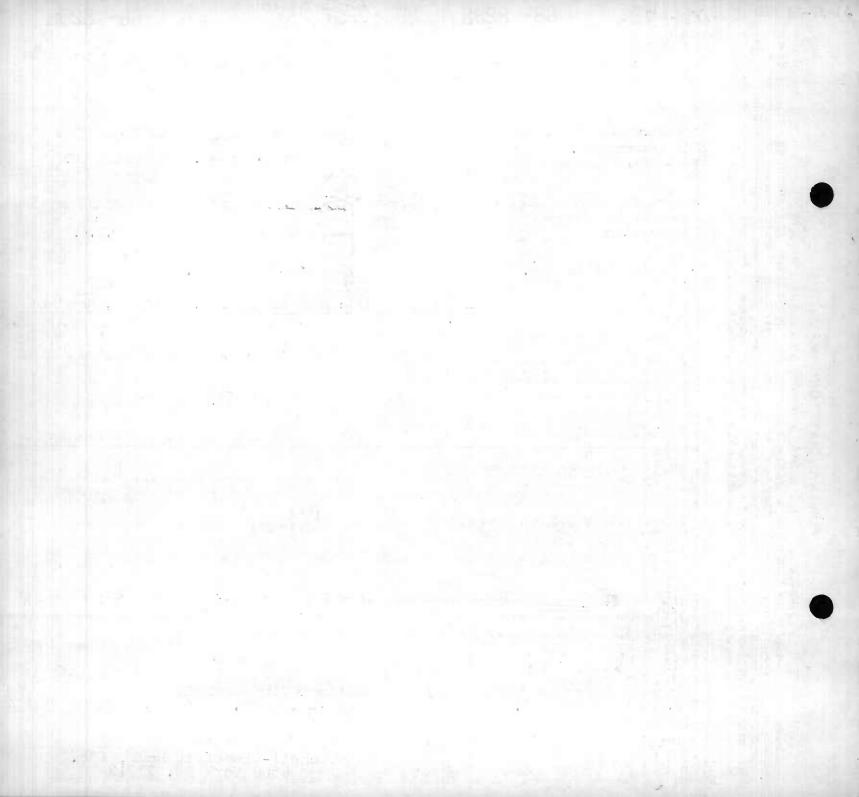
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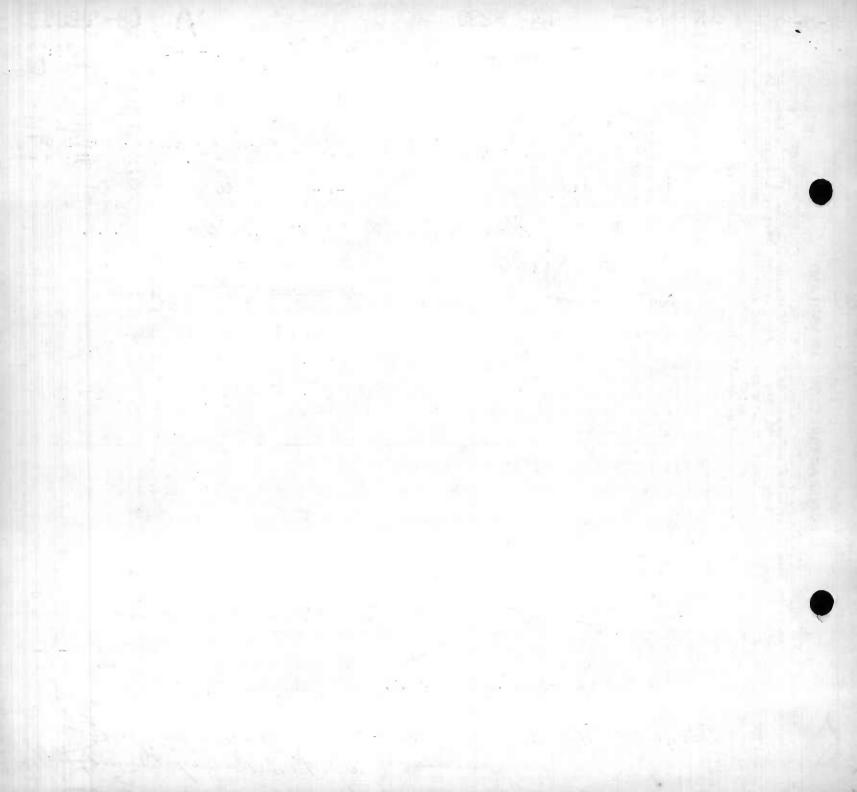


S. SEX    6-RACE   7-MARRIED   NEVER MARRIED   10-DIVORCED   10-DIVORCED	Comparison   ANNIE E. POIST   AND NUMBER   PROPOSITION   PROP	ANNIE E. POIST  3. PLACE IN BALTIMORE MARKIAND, WHERE FRONOUNCED DEAD  BULL HAME OF GIF NOT IN HOSPITAL OR INSTITUTION, GVE STREET  ADDRESS OR LOCATION!  STORY OF BALTIMORE  STREET AND NUMBER  COUNT OF BIRTH  COUNT OF BIRTH  SAVACE  AND BOTH OF BIRTH  OR BALTIMORE  S. SEE  CITY OR TOWN  S. ACE  ADDRESS OR INSTITUTION, GVE STREET  ADDRESS OR LOCATION!  S. SEE  CITY OR TOWN  S. ACE  ADDRESS OR LOCATION!  S. SEE  COUNT OR TOWN  S. ACE  ADDRESS OR LOCATION!  TOAL USUAL OCCUPATION!GIVE kind of worklobe, kind of work	isposition is made.	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED  ILL NAME OF OSPITAL OR INSTITUTION, OSPITAL OR INSTITU	DEAD  4. USUAL RESIDENC A, STATE B.  MARYLAND C. CITY OR TOWN E. STREET AND NUN 10 B  ER MARRIED DIVORCED T129 1 S SS OR INDUSTRY 11. BIRTHPLACE (Stote BALTIMON 14. MOTHER'S MAIDI ESTHER CIAL URITY NO. 17. INFORMANT URITY NO. T.	8/9/68 E (Where Secosed lived, If COUNTY B) NAVE ARUA  S'AVAGE  MBER BALTIHORE ST  9. AGE (In years lost birthday) or foreign country) EEN NAME R POISE	If Under 1 Yr. If Under 1 Yr. If Under 1 Vr. ADDRESS
TULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)  STONAUS HOPPINAS HOSP.  S. SEK O. RACE	FULL NAME OF HOSPITAL OR NOTITIVIDON, GIVE STREET  ADRESS OR LOCATION)  TO INJ HOSPITAL OR NOTITIVIDON, GIVE STREET  ADRESS OR LOCATION)  BALTIMORE  BALTIMORE  S. SER  B. RACE  ARRIED DEVER MARRIED DIVORCED  TO INJUNCATION IGNAME HIS diversible in the street of the st	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)  STATE MAY JUND TOWN ADDRESS OR LOCATION)  BE NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)  BE NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)  BE NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION BELLEVIEW TO BE STREET AND NUMBER (CITY OR TOWN)  IN JUNAL OCCUPA MONICIVE kind of work job, kind of work job, kind of working life, want intered)  HOUSEWIFE TO STREET AND NUMBER TO FIRST ADDRESS OR INDUSTRY II. BIETHFACE (Sinte or lossing) country)  IS ADATE OF BEEN AND TOWN AND INTEREST OR INDUSTRY II. BIETHFACE (Sinte or lossing) country)  IS ADATE OF BEEN AND TOWN AND INTEREST OR INDUSTRY II. BIETHFACE (Sinte or lossing) country)  IS ADDRESS OR CONDITION DIRECTLY  LEADING TO DEATH  IT ADDRESS OR CONDITION DIRECTLY  LEADING TO DEATH  IN HOSPITAL OR INTEREST OR CONDITIONS OR INDUSTRY II. BIETHFACE (Sinte or lossing) country)  ANTECEDENT CAUSE  ANTECEDENT CAUSE OF DEATH  ANTECEDENT CAUSE (A) ISSUING AND IN HORSE IN HORSE AND IN HORSE ADDRESS OR CONDITION SON IN HEIR INFORMANT CAUSES OF DEATH IN ANY PROPRIEST OF THE TERMINAL DISEASE OR CONDITION OF IN MAXI I. ANY PROPRIEST OF THE TERMINAL DISEASE OR CONDITION OF IN MAXI I. ANY PROPRIEST OF THE TERMINAL DISEASE OR CONDITION OF IN MAXI I. ANY PROPRIEST OF THE TERMINAL DISEASE OR CONDITION OF IN MAXI I. ANY PROPRIEST OF THE TERMINAL DISEASE OR CONDITION OF IN MAXI I. ANY PROPRIEST OF THE TERMINAL DISEASE OR CONDITION OF IN MAXI I. ANY PROPRIEST OF THE TERMINAL DISEASE OR CONDITION OF IN MAXI I. ANY PROPRIEST OF THE TERMINAL DISEASE OR CONDITION OF IN MAXI I. ANY PROPRIEST OF THE TERMINAL DISEASE OR CONDITION OF IN MAXI I. ANY PROPRIEST OF THE TERMINAL DISEASE OR CONDITION OF IN MAXI I. ANY PROPRIEST OF THE TERMINAL DISEASE OR CONDITION OF IN MAXI I. ANY PROPRIEST OF THE TERMINAL DISEASE OR CONDITION OF IN MAXI I. ANY PROPRIEST OF THE TERMINAL DI	attendance on the deceased prior to deat med or final disposition is made.	SEX  6. RACE  7. MARRIED NEV  N. USUAL OCCUPATION (Give kind of work) 10B. KIND OF BUSINE  10 USEWIFE  FATHER'S NAME  WA. B. REELEY  Wos Deceased Ever in U. S. Armed Forces?  S, no or unknown! (If yes, give wor or dotes of service)  18. 7 4 X  18. 7 4 X  DISEASE OR CONDITION DIRECTLY	A. STATE B. MARYUND C. CITY OR TOWN E. STREET AND NUM O B  ER MARRIED DIVORCED T/29/15 SS OR INDUSTRY 11. BIRTHPLACE (Stote BALTIMON 14. MOTHER'S MAIDI ESTHER CIAL URITY NO. 17. INFORMANT URITY NO.	MBER SAVAGE  SAVAGE  D. IN  MBER  SALTIHORE ST  9. AGE (in years lost birthday)  or foreign country)  EN NAME  R POISE	NSIDE CITY LIMITS? YES NOP  If Under 1 Yr. If Under
S. SEX   6. RACE   7. MARRIED   NOVORCED   10. DIVORCED   10. DIVO	S. SEX   C. RACE   7. MARRIED   NEVER MARRIED   S. DATE OF BIRTH   9. AGE (in years on both lighted)   Months; Doys Hours   10. USUAL OCCUPATION (Give kind of work) (D. KIND OF BUSINESS OR INDUSTRY 1). BIRTHPLACE (stote or lareign country)   12. CITIZEN OF WHAT   WIDOWED	S. SEK   G. RACE	attendance on the deceased prior to made. 13.	JOINNS HOP, INSTANCE  SEX  6. RACE  7. MARRIED DAEV  WIDOWED  N. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINE  10 USEWIFE  FATHER'S NAME  WM. B. REELEY  Wos Deceosed Ever in U. S. Armed Forces?  s, no or unknown) (If yes, give wor or dotes of service)  18. 174 X  DISEASE OR CONDITION DIRECTLY	ER MARRIED B. DATE OF BIRTH  DIVORCED 7/29/15  SS OR INDUSTRY  11. BIRTHPLACE (Stote  BALTIMON  14. MOTHER'S MAIDI  ESTHER  LURITY NO.  17. INFORMANT  HR. T.	9. AGE (In years lost bishday) or foreign country)  EN NAME R POISE	If Under 1 Yr. If Under 1 Yr. Hours Doys Hours 12. CITIZEN OF WHAT USA
S. SEX    S. RACE   AMARRIED   AVEVER MARRIED   S. DATE OF BIRTH   S. AGE (In years list lighting)	S. SEX   S. RACE   NARRIED   NEVER MARRIED   S. DATE OF BIRTH   S. AGE (III, years in bightaday)   S. DATE OF BIRTH   S. AGE (III, years in bightaday)   S. DATE OF BIRTH   S. DATE OF	S. SEX   S. RACE   NARRIED   NOVER MARRIED   S. DATE OF BIRTH   9. AGE (in years to be a strict of the strict of t	10.4 don	WIDOWED  N. USUAL OCCUPATION (Give kind of work) 10B. KIND OF BUSINE  The during most of working life, even if refired)  HOUSEWIFE  FATHER'S NAME  WM. B. REELEY  Wos Deceosed Ever in U. S. Armed Forces?  s, no or unknown) (If yes, give wor or doles of service)  18. 174 X  DISEASE OR CONDITION DIRECTLY	B. DATE OF BIRTH DIVORCED 7/29/15 SS OR INDUSTRY 11. BIRTHPLACE (SIOTE BALTIMON 14. MOTHER'S MAIDI ESTHER CIAL URITY NO. 17. INFORMANT URITY NO.	9. AGE (In years lost birthday) or foreign country)  EN NAME  POISE	If Under 1 Yr. If Under Months Doys Hours  12. CITIZEN OF WHAT  USA  ADDRESS  A-B 0 20 5
SANTIMONE   SANTE   SANTE   SANTE   SANTE   SECURITY NO.   16. SOCIAL   SECURITY NO.   17. INFORMANT   ADDRESS   SET   SECURITY NO.   18.   7.   POLST   A-POLST   A	Security No.   Secu	CAUSE OF DEATH   SETWEEN OF SET	don la	Wos Deceosed Ever in U. S. Armed Forces?  s,no or unknown! (If yes, give wor or dotes of service)  18. 7 4 8 C.	14. MOTHER'S MAIDI ESTHER LIVERTY NO.  17. INFORMANT WR. T.	EN NAME R POISE	ADDRESS A-BOWE
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service)  16. SOCIAL SECURITY NO.  17. INFORMANT  WR. T. POLST  APPROXIMATE  BETWEEN ONSET  BETWEEN O	IS. Was Deceased Ever in U. S. Armed Forces?  15. Was Deceased Ever in U. S. Armed Forces?  16. SOCIAL SECURITY NO.  17. INFORMANT  ADDRESS  ARCHIVE OF DEATH  DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart failure, asthenic, etc. It means the disease, injury or camplication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony, giving rise to the above cause (A) stoling the UNDERLYING CONDITION CONTRIBUTING TO THE DEATH BUT NOT RELEASE TO THE FREMINAL DISEASE OR CONDITION GOVERN IN PART I (A).  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELEASE TO THE TREMINAL DISEASE OR CONDITION GIVEN IN PART I (A).  19. ADATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 199. CAUSE OF DEATH?  OR CONTRIBUTION CAUSE OF DEATH?  21. ACCIDENT WAS UNDERLYING OR CONTRIBUTION OR CONTRIBUTION OR CONTRIBUTION CONTRIBUTION OR CONT	15. Was Decays & Ever in U. S. Amad Forces   16. SOCIAL   17. INFORMANT   ADDRESS   ARCONSEQUENCE OF:   18.   1	15. (Ye	WM. B. REELEY  Wos Deceosed Ever in U. S. Armed Forces? s,no or unknown) (If yes, give wor or dotes of service)  18. 174 X  DISEASE OR CONDITION DIRECTLY	ESTHER  17. INFORMANT  URITY NO.  UR. T.	R POISE	ABOUT
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BALTIMORE CITY HEALTH DEPARTMENT

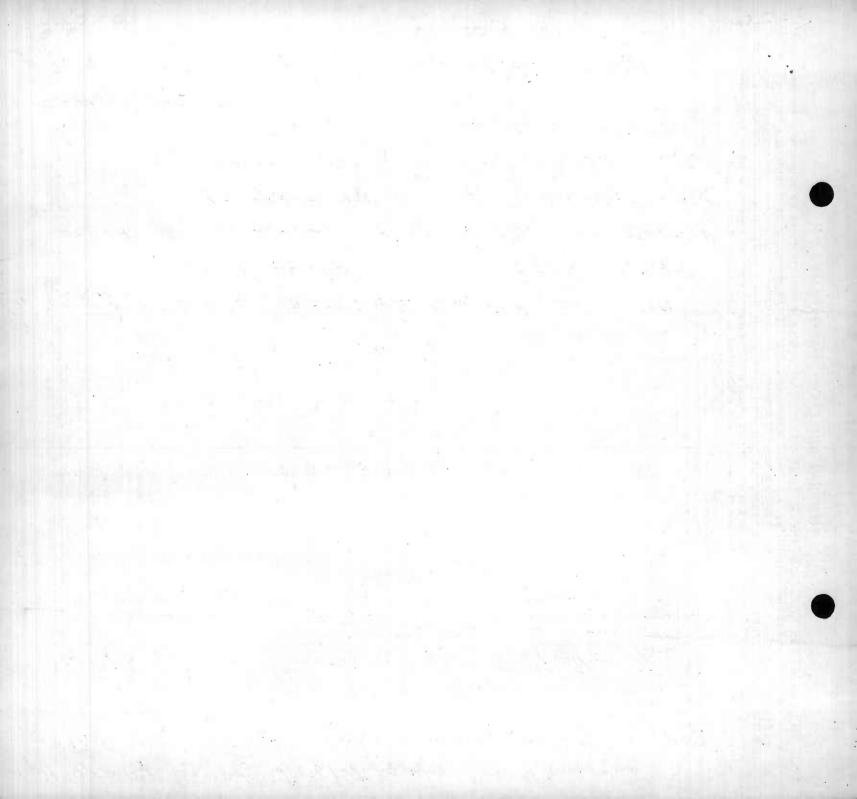


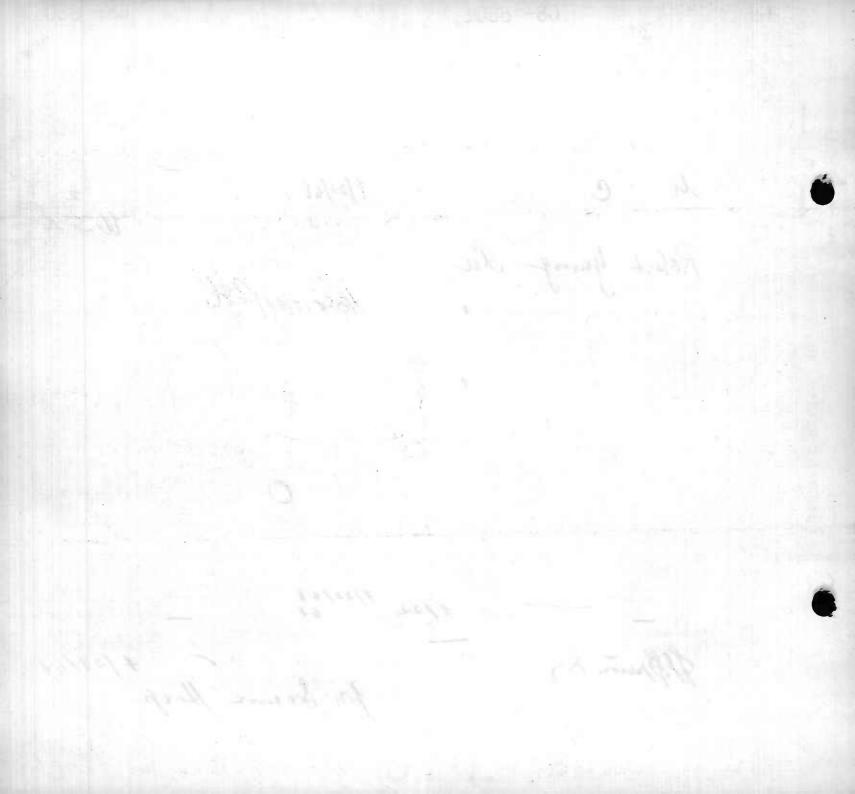


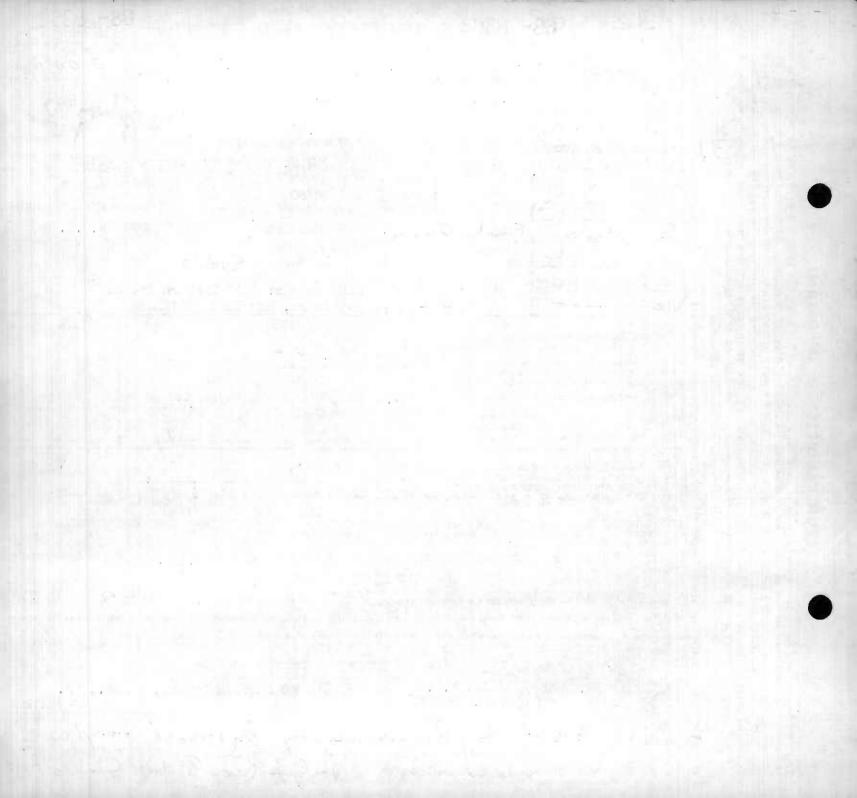


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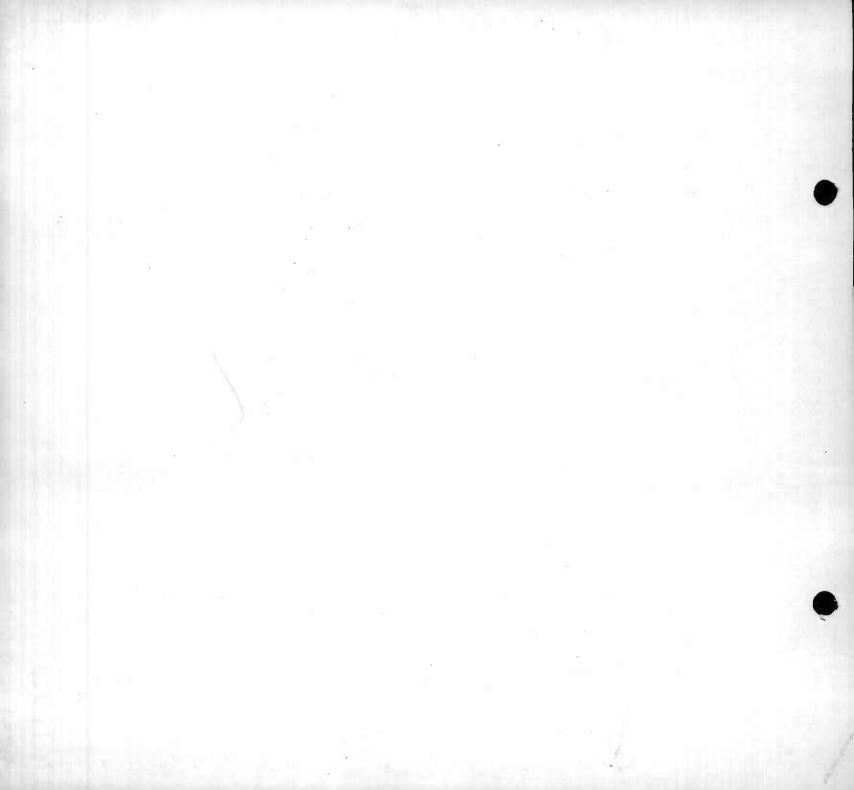






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and have and from the causes stated above. (1) (We) (did) (did not) view the bady after death.
23A. SIGNATURE 23B. DATE SIGNED
Attending Med. Staff Director Phys.
DEGREE Phys. Director Phys.
23D. ADDRESS LUTHERAN HOSPITAL OF MD
Dr. SAIYH. DEGREE 730 Ashbuston St. BALTO. MD 21216
A. BURIAL CREMATION, 24B. DATE / 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, or county) (Stote)
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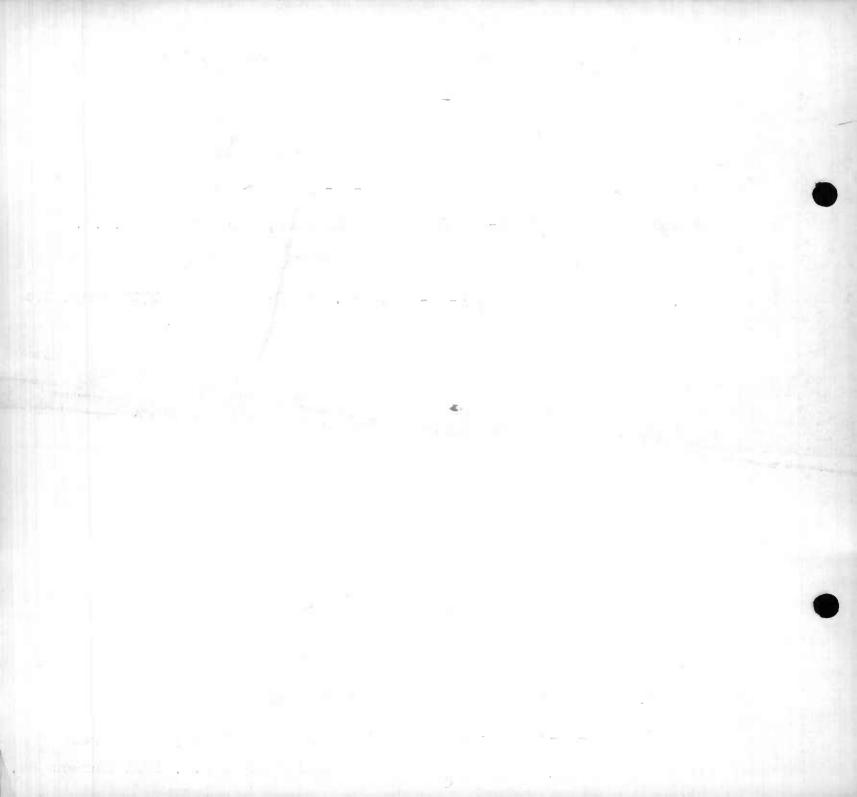


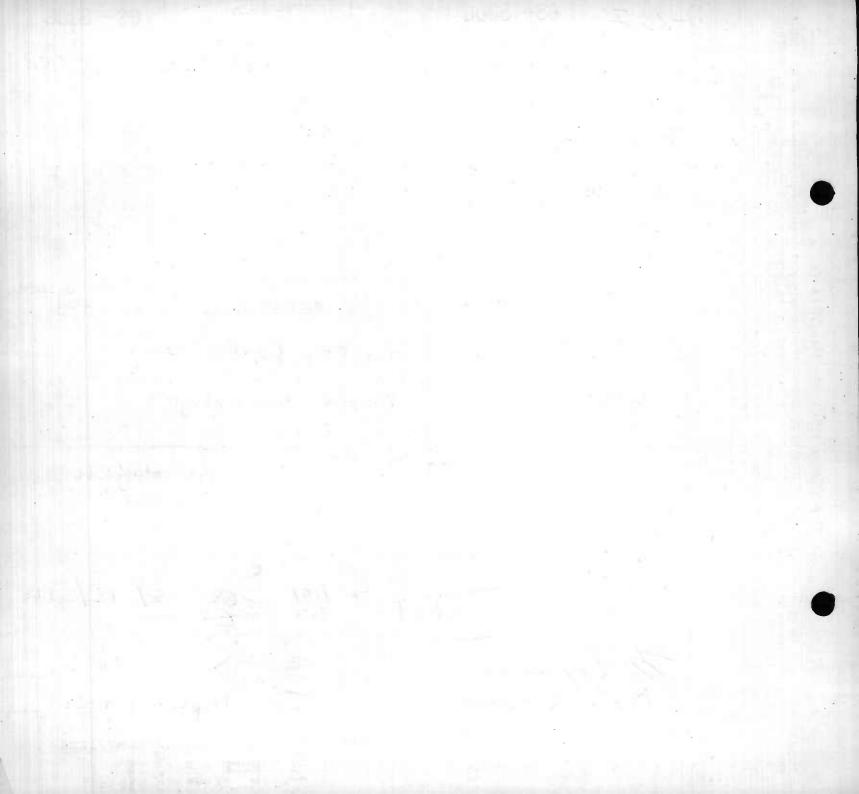
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20B. IF YES, WERE FINDINGS CONSIDERED (If In Boltimore City, give exact location) and that in (my) (aur) apinian death occurred on the date 21224 Mt. Auburn Cemetery Baltimore. Maryland 258. NAME OF REGISTRAR 2SC. FUNERAL DIRECTOR MORTON & DYETT F.H. 1701 Laurens St. VS 150-REV. 1/1/6B



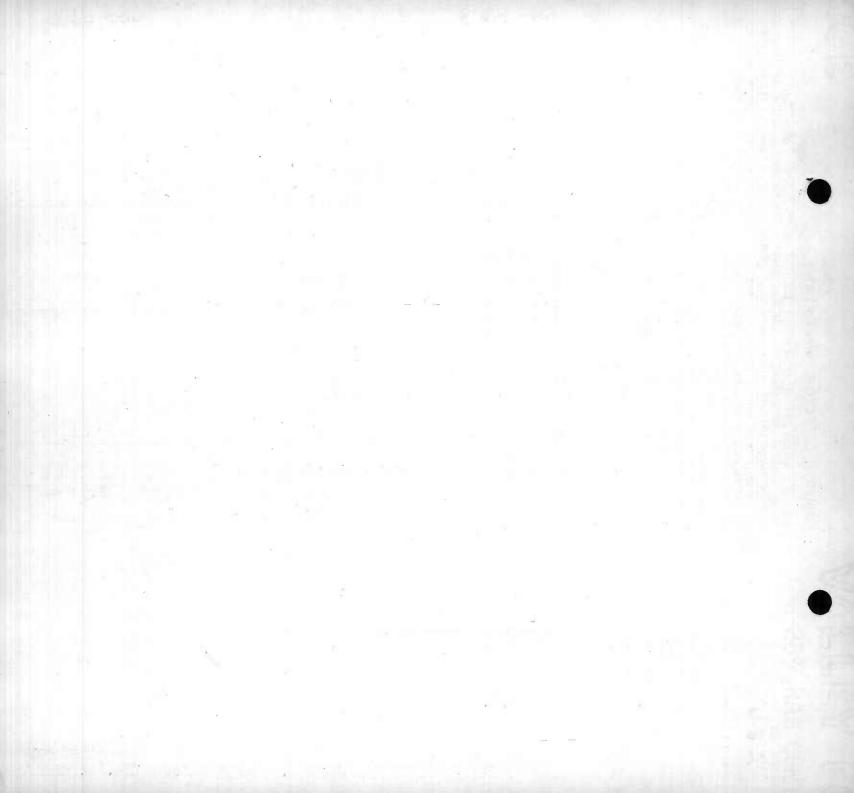
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		LES FERGUSON			
FULL NAM HOSPITAL INSTITUTIO	OR oddress or locotic	or institution, give street on)	MARYLAND  C. CITY OR TOWN (IF C  BALT IMORE  D. STREET ADDRESS (C)	INTY	RURAL and give township)
SEX	6. RACE	7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. , If Under 24
MALE	NEGRO	MARRIED (specify)	8-24-25	lost birthday	Months Doys Hours Min
		TE 108, KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF
abore	st of working life, even if retired) P	Beth-Steel	Baltimore,	Maryland	WHAT COUNTRY?
3. FATHER'S	NAME		14. MOTHER'S MAIDEN N.	AME	
0	SCAR FERGUSO	N	LILLIE M.	AE BRISCOE	
. Was Deced	ased Ever in U. S. Armed Fo	orces? 16. SOCIAL	17. INFORMANT		ADDRESS
BO •	(If yes, give wor or do	215-22-2271	Mrs. Lillia	n Ferguson	2721 Beryl Av
heort foil	es not meon the mode o use, osthenio, etc. It meon complication which couse ANTECEDENT CAUSE	s the disease, d death.)	yonang d	( seare	1 sweet
DISEASE: rise to UNDERLY OTHER SI TO THE DISEASE	use, osthenio, etc. Il meon complication which cause ANTECEDENT CAUSES OR CONDITIONS, if the above cause (A) (ING CONDITION lost.)	s the diseose, d deoth.)  S  Ony, giving sloling the (C)  CONTRIBUTING ATED TO THE IT.	yorang d	enfant	10 week
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DISEASE: rise to UNDERLY OTHER SITO THE DISEASE 19A. DATE OF INJUR (APPROX.) 22. I cert that (I) ( and hour 23A. SIGN.	ANTECEDENT CAUSE  SOR CONDITIONS, if the obove couse (A) (ING CONDITION lost.  I   GONDITION CONDITIONS DEATH BUT NOT REL OR CONDITION CAUSING OF OPERATION 198. COI WAS PEI  (Month) (Day) (Yearly Y  tify that (1) (this hospital we) lost saw the deceas and from the causes sta	S the diseose, d deoth.)  S (B)  DUE TO  ONY, giving stoling the (C)  CONTRIBUTING ATED TO THE IT.  NOITION FOR WHICH OPERATION REFORMED  21 B. PLACE OF INJURY (e.g., in home, form, foctory, street, off etc.)  (Hour)  21 E. INJURY OCCURRED While At Work  Work  Work  Work  Work  At	or obout 21 C. WHERE DID ice bldg., INJURY OCCUR?  21F. HOW DID IN 19 ond 1 onding Med. Director 1 ond 10 o	(If in Boltimon	City, give exact location)





1. N (Typ	e or Print)	Mercede	s M.	Jackson		agust 12.	
3. P	LACE IN BALT	MORE MARYLAND		NOUNCED DEAD	4. USUAL RESIDENCE		. If institution: residence before odm
HO	LL NAME OF	(IF NOT IN HO ADDRESS OR LE			Maryland c.city or town Baltimos E. STREET AND NUMBER	D. D. ER	INSIDE CITY LIMITS? YES NO NO
-			-		07 Decatur	St.	
	T USUAL OCCL		WIDOW work 10B, KIND	ED NEVER MARRIED DIVORCED DIVORCED OF BUSINESS OR INDUSTRY	April 25, 2		Months Doys Hours A
		orking lile, even if retire Operator	McCo	rmick & Co.	Maryland	l	U.S.A.
	FATHER'S NAM	nda .			14. MOTHER'S MAIDEN		
	Jose	ph Nels	on		Cather	cine Herb	pert
15. V	Was Deceased	Ever in U. S. Armed	Forces?	e) 16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	No	7027 9.70 7707 01			Roland Jac	ekson 1307	Decatur St.
	(This does n heart failure, injury ar cam	LEADING TO DEA al mean the made osthenia, etc. Il me plication which cau INTECEDENT CAU	ans the disea sed death.)	56,	use Coronary O		Immediate
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ERTIFIC	OTHER SIGNIFIC TO THE DEATH DISEASE OF COMMENTS OF COM	al mean the made osthenia, etc. It me plication which cau NTECEDENT CAU R CONDITIONS, abave cause (CONDITION lost.	ans the disea sed death.) SES II ony, givi A) stoting II CONTRIBUTIN O THE TERMIN PART 1 (A). CONDITION FO PERFORMED	(B) Hypert DUE TO, OR AS		O Vascular	
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MEDICAL CERTIFIC	(This does not heart failure, injury ar came of failure, injury ar came of the control of the co	al mean the made osthenia, etc. II me plication which cau INTECEDENT CAU  R CONDITIONS, abave cause (CONDITION Iost.  II CANI CONDITION IOST.  ABUT NOT RELATED 1 DNDITION GIVEN IN OPERATION 198. (WAS)  IIT WAS UNDERLYIN TING CAUSE OF medical examiner)  (Month) (Doy) (You that (I) (this hasp last saw the decent from the causes get the causes get the course of the causes get the cause of the causes get the cause of the cause of the causes get the cause of th	ans the diseased death.)  SES  II ony, givi A) stoting  CONTRIBUTIN OTHE TERMIN PART   (A). CONDITION FO PERFORMED  G         early (Hour)   stated abave	(B) Hypert DUE TO, OR AS Interpolation  (C)	20A. AUTOPSY? (Yes in or obout 21C. WHERE Diffice bldg., INJURY OCCU 21F. HOW DII  22 1962  38 19 an  Wed. Director 123D. ADDRESS  1226 S. Ha	or No) 20B, IF YES, WIN CERTIFYING IN CERTIFYING IR? (If in Bo	vere findings considered causes of death?  Ultimore City, give exact location)  apinian death accurred an the 238. Date signed  August 13,19

24-07-628



Cert. Delayed 8429 (BCHD) for Thomas J.Betka born December 4,1892

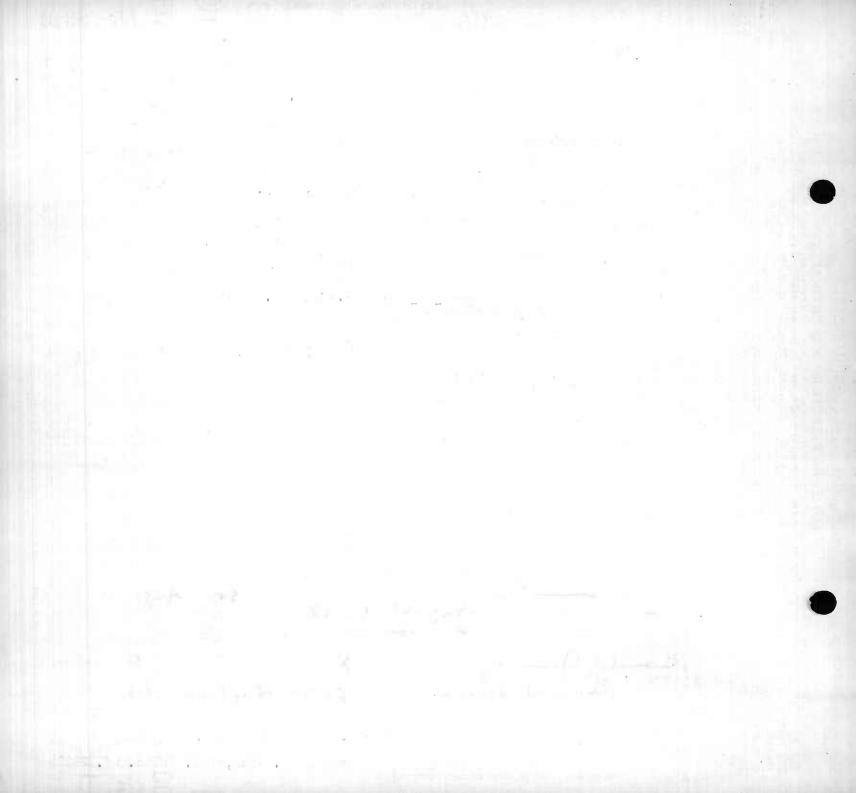
and hospital cause use; (5) occurred O assistant approved

IMPORTANT

DIRECTOR:

FUNERAL

68-8310 4. USUAL RESIDENCE (Where deceased fived, If institution; residence before admission) NO 6300 Marietta Avenue If Under 1 Yr. Months: Days If Under 24 Hrs. Hours 12. CITIZEN OF WHAT COUNTRY? USA ADDRESS (Same) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH (If in Baltimore City, give exact location) and that in (my) (aur) apinion death accurred on the date 23 B. DATE SIGNED 8-14-68 (City, town, or county) Baltimore, Maryland Leonard J. Ruck, Inc. Balto. Md. 21214



		BALTIMORE CITY	HEALTH DEPARTMENT		00 0044
BIRTH NO.		- 8311 CERTIFICA		REG. NO	68- 8311
1, NAME OF DEC (Type or Print)	Mary A. Moll	oy	August	12, 1968.	11 30 PM
3. PLACE IN BAL FULL NAME OF HOSPITAL OR INSTITUTION		HERE PRONOUNCED DEAD  AL OR INSTITUTION, GIVE STREET TION)	A. STATE B. COUNT  Md.  C. CITY OR TOWN  Baltimore	TY STATE OF THE ST	IDE CITY LIMITS?
OEdgewoo	d Nursing Hom		E. STREET AND NUMBER	2823 Monte	ves X No Debello Terrace
Female	6. RACE White	7- MARRIED NEVER MARRIED WIDOWED MODIFIED DIVORCED		ost birthdoy) 64	If Under 1 Yr. If Under 24 Hr Months Doys Hours Min.
one during most of	UPATION (Give kind of work working life, even if refired)Dress Design	108, KIND OF BUSINESS OR INDUSTRY			12. CITIZEN OF WHAT COUNTE
3. FATHER'S NA	James M	adigan	14. MOTHER'S MAIDEN NAM		ine Murnane
	Ever in U. S. Armed Fore	s of service) SECURITY NO.	17. INFORMANT		ADDRESS
No		220-24-3051-J	-1 Mrs. Patricia	Watts,613	Highwood Dr. #12
UN DERLYIN  OTHER SIGNII  TO THE DEAL  DISEASE OR CO		STRIBUTING IE TERMINAL I I (A). DITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE	FINDINGS CONSIDERED
OR CONTRIB	WAS PERF	21B. PLACE OF INJURY (e.g., home, form, foctory, street, o	in or about 21 C. WHERE DID		re City, give exact location)
21 D. TIME OF INJURY	(Month) (Doy) (Year)	(Hour) 21E. INJURY OCCURRED  While At Not While Work At Work		JRY OCCUR?	0 10 16
that (I) (we) and haur an 23A. SIGNAN 23C. PHYSICIA NAME (1	d som the causes state of the causes of the cause of the causes of	ny F. Carozza M.D.  DEGREE  24C. NAME of CEMETERY of CR	ending Med. Director	Shaff  Phys.   ORK Ro	Inlon death accurred on the dollar signed 8-13-68  LBM to My Z1212  ity, town, or county) (Stote)
Burial	8/16/6 BY HEALTH DEPT.	8. New Cathedral Cem	etery	Baltimore	ADDRESS
	AUG 1 4 1968	258. NAME OF REGISTRAR	Leonard J. Ruc	k, Inc. Bal	

Cerebra / Han Hearn et -

Crosses Achinoschiesis-

87 -8 82 -3125 11-8

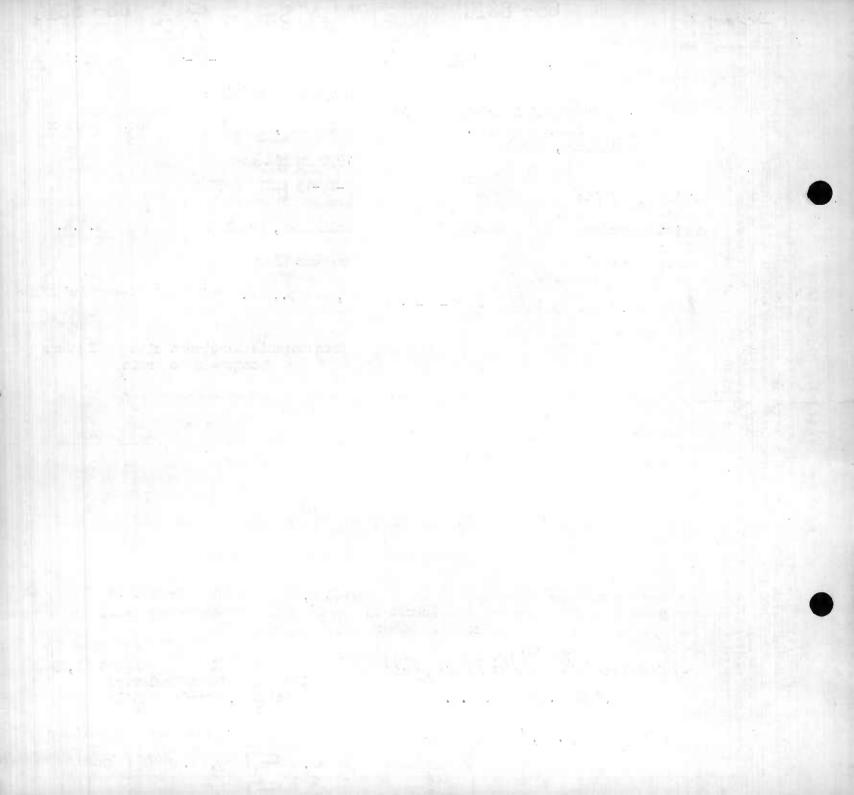
William & Levelling X Sand Nork Ref Banco St.

68-8312 BALTIMORE CITY HEALTH DEPARTMENT

}		MED			AMINER'S			OF DEA	TH	68	- 8312
BIRTH NO.											
1. NAME OF DEC						2. DATE OF	Known 🗌		Doy	1968	1:10 A. M.
MARLENE BROWN  4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD						3. DATE	Estimoted	Manth	gust 13,	Yeor	Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION)					PRONO	UNCED DEAD	Augu	st 13,	1968	1:25 A. <sub>M</sub>	
OR INSTITUTION	E. 33rd	d Stree	et			A. STATE	esidence (w ·1and	here deceased	B, COUNTY		vefare admission)
6. SEX	7. RACE		8. MARR	IED [	NEVER MARRIED	C. CITY OR	TOWN		D. INSIDE CI	LY-LIMITS?	2 Lyoner
female	wh:	ite	WIDOW	ED [	DIVORCED	Ba1t	imore		Y	ES X	NO 🗆
	Jan. 6, 1947.					E. 33r		t		-4-1	
11. BIRTHPLACE (S		n country)			TIZEN OF CHAT COUNTRY?	13. FATHER			ger C. Br	own	
14A.USUAL OCCU done during most of v Stenogr	arking life, ev				usiness or industry  Company	15. MOTHE	R'S MAIDEN I		Gladys G.	Carr	
16. WAS DECEAS	ED EVER IN (If yes, give v	U.S. ARMED war ar dates	FORCES of service)	)	17. SOCIAL 215-40-1462	Mr. Re		Brown,	3826 Mon	terey	Rd.
19.	1 1.	V			CAUSE OF DEA	TH					PROXIMATE INTERVAL
DISEAS	E OR COND	ITION DIRE	CTIV		0. 1	1 6	1 .			DETAI	EEN ONSEL AND DEATH
	LEADING TO		CILI		Stabwou		nest				
(This daes n	at mean the , asthenia, etc	made of dy	ing, e.g.,			S A CONSEG	UENCE OF:				
injury or con	plication whi	ch coused dec	oth.)								
DISEASES ( RISE TO THI UNDERLYIN	OR CONDITION CON	ONS, IF ANY	, GIVING TING THE		(B)	AS A CONSE	QUENCE OF:				******
NO IS O	6 1				(c)						
O THE DEA	THE BUT NOT	RELATED TO	THE TERM	INAL				04054400000000000000000000000000000000	800 C O O O O O O O O O O O O O O O O O O		\$
20A. DATE OF					WHICH OPERATION W	AS PERFORA	MED			21. AUTO	PSY? (Yes ar Na)
2											Yes
22A. EXTER	NAL CAUSE			22B. P	LACE OF INJURY(e.g.,	In or obaut	22C. WHERE D	ID (If In Baltin	nare City, give exc	oct lacation)	
UNDERLYING UTING CA				home,	form, foctory, street, office home	bldg., etc.)		. 33rd	Street	9-	5 2.
		Day) (Year	r) (Hous	7) 22	E INTURY OCCURRED	1	22F. HOW DID	INJURY OC	CUR?	1	
(APPROX.)	8/13/6	8 1:1	0 A.	m. W	ORK NOT	WHILE X	subj.	stabbed	l in ches	t	
I cert	ify that I h	eld on 1	nquiry [		Inspection Au	topsy X	and that a	on this bosi	s, deoth in my	opinion	
resul	ted from: N	latural cou	ses 🗌	Ac	ciden Suicio		omicide X	Undeter	mined monner		
	1,00	10	, <		_/		CHIEF MEDIC	AL EXAMINE	R .		DAYE CICNED
ACTUAL		Sul	10	/_	M.D	ASS	STANT MEDIC	AL EXAMINE	R 🔯		DATE SIGNED
EXAMIN NAME (1	ER'S	Werner	U. S	pit	z, M.D.		CIATE MEDIC	AL EXAMINE	R 🗌	8	3/13/68
24A. BURIAL CRE	MATION. 12	24B. DATE		13	NAME of CEMETERY	ar CREMATO	DRY 2	AD. LOCATIO	N (City, town	n, ar county	) (State)
REMOVAL (Speci Buria)		8/16			ardens of Fa				Baltimore		
25A. DATE REC'D	SUG 1	1968	258. N	AME	OF REGISTRAR		funeral dir onard J			lto. N	4d. 21214
VS 151-REV. 1/1/68	N 8	873	1								

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BALTIMORE CITY HEALTH DEPARTMENT



James Hericus Herr

Meetend D Tag Ma

PRICHABL D. LIETZ, PR.D.

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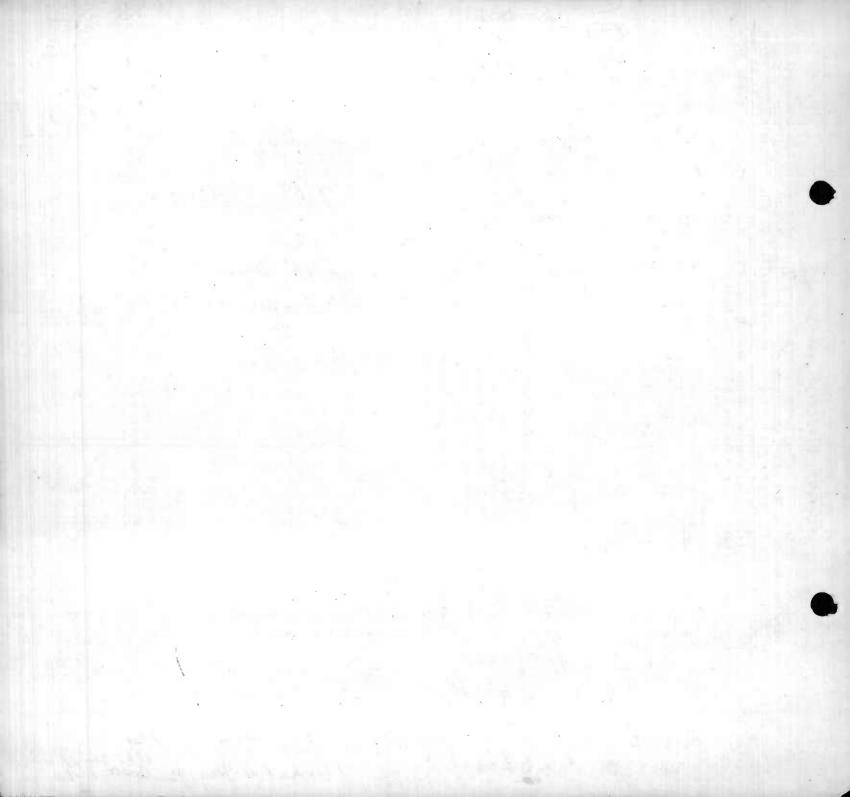
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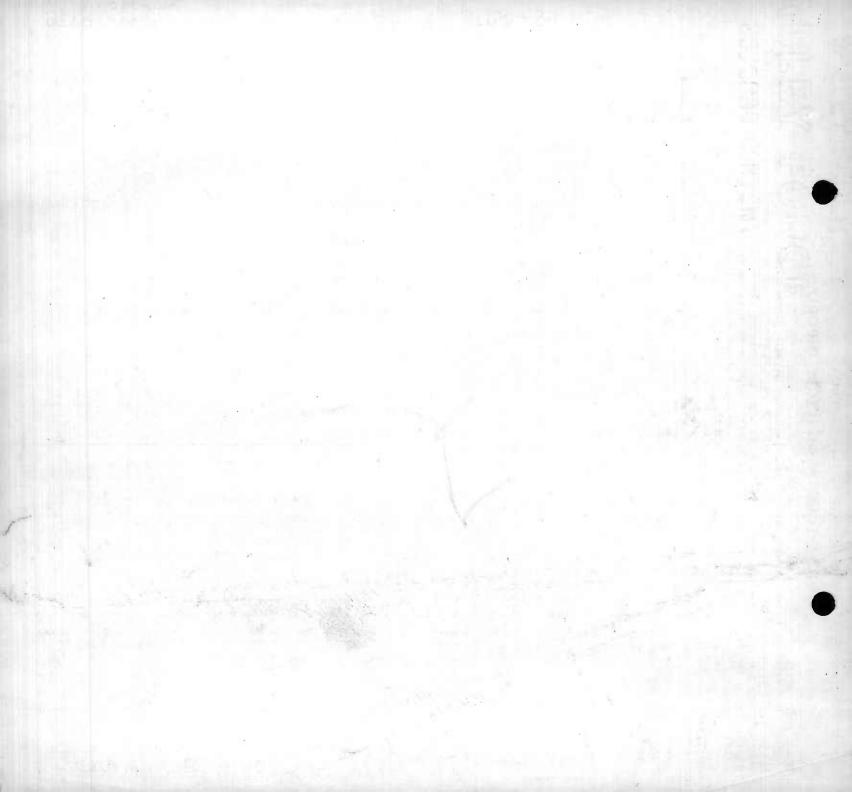
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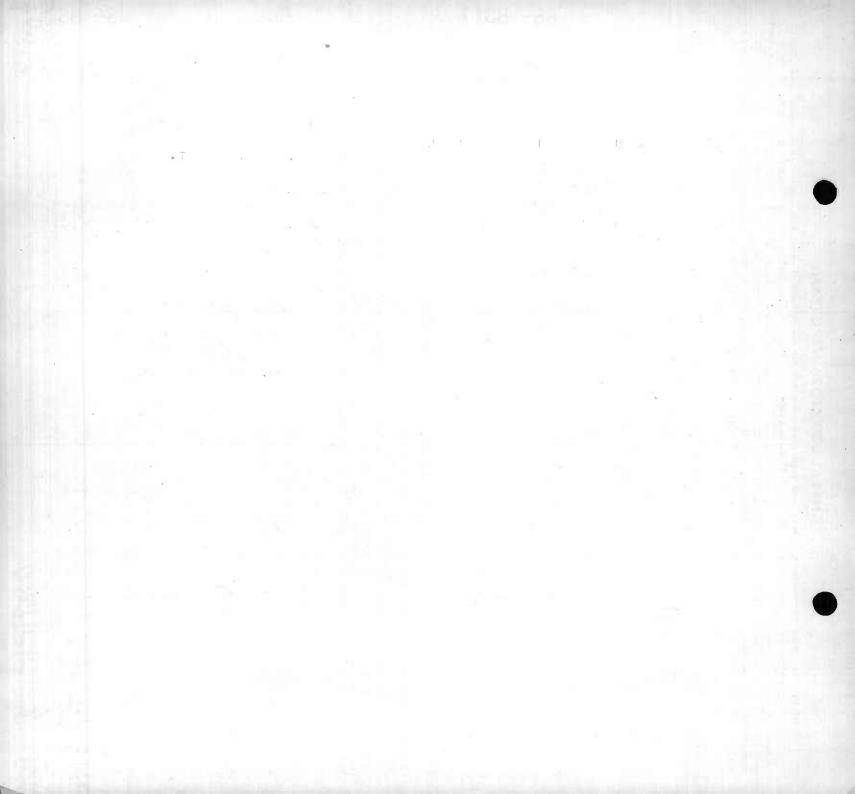
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DEPT OF MEN. THM



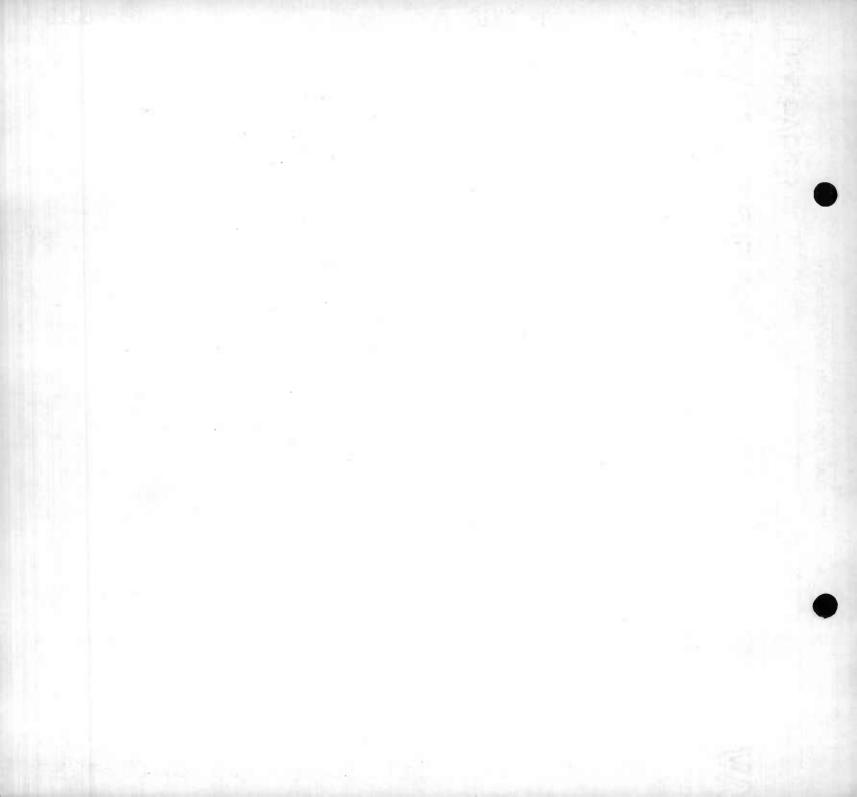
68-8316		HEALTH DEPARTMENT		00 0010
E TO ALE HANNEL AND	CERTIFICA	TE OF DEATH	REG. NO	68-8316
BIRTH NO.		2 DATE AN	D HOUR OF DEATH	
(Type or Print)	. 1	2. 04.12 411	4 -	70
BOSS. GARLIE A	0065	Hug.	6, 1968	10 - M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUN  FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTE ADDRESS OR LOCATION)	ICED DEAD	A. STATE B. COUN	re deceased tived. If instit	ution: residence before admission)
S O S O S O S O S O S O S O S O S O S O	ON OUT 170557	MANY LA	. 1	-0/
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION)	ION, GIVE STREET	C. CITY OR TOWN		CITY LIMITS?
NOITHTRANI	ALC: 12 A. 1			
9 5 6 1 1		Baltimort	Y	ES NO
Distriction Hopkins Hosp		E. STREET AND NUMBER	, , .	
	an ing	1338 N.	WAShingt	m St.
5. SEX 6. RACE 7. MARRIED	NEVER MARRIED		9. AGE (In years	If Under 1 Yr. If Under 24 Hrs.
	DIVORCED	11 th 1601	lost birthdoy	Months Doys Hours Min.
Temple Colored WIDOWED		1409, 16-1706	6/	CITIES OF WILLIAM COUNTRY
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF B	Mainess OK INDUSIKI	II. BINTHPLACE (Store of fore)	gn country)	12. CITIZEN OF WHAT COUNTRY?
0 0	me	North Ca	noLine	U. S. d.
TI TI W 13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM		
1				
IC I TENTY JACOBS		OLLIE -	Iscabs	
15. Wos Deceosed Eyer in U. S. Armed Forces? (Yes, no or ynknown) (IT yes, give wor or dotes of service)		17. INFORMANT		ADDRESS
(Yes, no or unknown) (IT yes, give wor or dotes of service)	SECURITY NO.	F11 + T. 1	0 10 0	T 0
řŒ VVO		Expert JACOb.	3 7017 (	Muston Are.
18.410,01	CAUSE OF DEATH			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY		ni I	, 10	- 4/ -
O D & O LEADING TO DEATH	(A)IMMEDIATE CALIS	SE MIDEASAL	al rafavel	10 migs
(This does not meen the mode of dying, e.g.,	DUE TO, OR AS A	CONSEQUENCE OF:		
heort foilure, osthenio, etc. It means the disease, injury or complication which coused death.)				
ANTECEDENT CAUSES	A.O.	VI		pront.
£ 6 4	(B)			The state of the s
DISEASES OR CONDITIONS, if ony, giving	DUE TO, OR AS	A CONSEQUENCE OF:		J
rise to the obove couse (A) stoling the UNDERLYING CONDITION lost.	(c)			
	(C)	***************************************		
4-20 11 S OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).				
	100000000000000000000000000000000000000	1004	N and an are	
19A. DATE OF OPERATION 19B. CONDITION FOR WE	HICH OPERATION	20 A. AUTOPSY? (Yes or No	IN CERTIFYING CAUS	IDINGS CONSIDERED ES OF DEATH?
OR CONTRIBUTING CAUSE OF	LACE OF INJURY (e.g., in	or obout 21C. WHERE DID	(If in Boltimore C	City, give exoct location)
OR CONTRIBUTING CAUSE OF home.	form, foctory, street, off	or obout 21C. WHERE DID ice bldg., INJURY OCCUR?	(If in Boltimore C	
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	form, foctary, street, off	ice bldg., INJURY OCCUR?		
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	NJURY OCCURRED	21F. HOW DID INJ		
OR CONTRIBUTING CAUSE OF home.  DEATH (notify medical examiner)  21 D. TIME (Month) (Day) (Year) (Hour) 21E. ft OF INJURY (APPROX.)	NJURY OCCURRED  Not While	21F. HOW DID INJ		
OR CONTRIBUTING CAUSE OF home. DEATH (notify medical examiner)  21 D. TIME (Month) (Day) (Year) (Hour) 21E. ft OF INJURY (APPROX.)	NJURY OCCURRED  Not While	21F. HOW DID INJ	URY OCCUR?	
OR CONTRIBUTING CAUSE OF Comment of the control of	NJURY OCCURRED  AI Not While At Work	21F. HOW DID INJ	URY OCCUR?	City, give exoct locotion)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. TIME (Month) (Day) (Year) (Hour) 21E. If While Work  22. I certify that (I) (this haspital) attended the that (I) (we) last saw the deceased alive an	NJURY OCCURRED  Not While	21F. HOW DID INJ	URY OCCUR?	
OR CONTRIBUTING CAUSE OF CAUSE	NJURY OCCURRED  AI Not While  At Work  deceased from	21F. HOW DID INJ	URY OCCUR?	City, give exoct locotion)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. TIME (Month) (Day) (Year) (Hour) 21E. 11 While Work  22. I certify that (I) (this haspital) attended the that (I) (we) last saw the deceased alive an and haur and from the causes stated above. (I)	NJURY OCCURRED  AI Not While  At Work  deceased from	21F. HOW DID INJ	URY OCCUR?  19 / to at in(my) (aur) apinio	City, give exact location)  24  19  35  25  26  27  28  29  20  20  20  20  20  20  20  20  20
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. TIME (Month) (Day) (Year) (Hour) 21E. 11 While Work  22. I certify that (I) (this haspital) attended the that (I) (we) last saw the deceased alive an	NJURY OCCURRED  Not While At Work  deceased from  (We) (Jid) (did nat) vi	21F. HOW DID INJ	ury occur?  1968 to addition (my) (aur) apinion (aur)	City, give exoct locotion)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. TIME (Month) (Doy) (Year) (Hour) 21E. 11 While Work  22. I certify that (I) (this haspital) attended the that (I) (we) last saw the deceased alive an and haur and fram the causes stated above. (I)  23A. SIGNATURE	NJURY OCCURRED  Not While At Work  deceased from  (We) (Jid) (did nat) vi	21F. HOW DID INJURY OCCUR?  21F. HOW DID INJURY  19	URY OCCUR?  19 / to at in(my) (aur) apinio	City, give exact location)  24  19  35  25  26  27  28  29  20  20  20  20  20  20  20  20  20
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. TIME (Month) (Day) (Year) (Hour) 21E. If While Work  22. I certify that (I) (this haspital) attended the that (I) (we) last saw the deceased alive an and haur and fram the causes stated above. (I)  23A. SIGNATURE	NJURY OCCURRED  AI Not While At Work  deceased from  (We) (did) (did not) vi	21F. HOW DID INJURY OCCUR?  21F. HOW DID INJURY  19	ury occur?  19 2 to at in (my) (aur) apinions  Shoff	City, give exact location)  24  19  35  25  26  27  28  29  20  20  20  20  20  20  20  20  20
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  210-TIME (Month) (Doy) (Year) (Hour) 21E. If While Work  22. I certify that (I) (this haspital) attended the that (I) (we) last saw the deceased alive an and haur and from the causes stated above. (I)  23A. SIGNATURE	NJURY OCCURRED  AI Not While At Work  deceased from  (We) (did) (did not) vi	21F. HOW DID INJURY OCCUR?  21F. HOW DID INJURY  2 9 19 0 and the liew the body after death.	ury occur?  19 2 to at in (my) (aur) apinions  Shoff	City, give exact location)  24  19  35  25  26  27  28  29  20  20  20  20  20  20  20  20  20
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D.TIME (Month) (Day) (Year) (Hour) 21E. If While Work  22. I certify that (I) (this haspital) attended the that (I) (we) last saw the deceased alive an and haur and fram the causes stated above. (I)	NJURY OCCURRED  AI Not While At Work  deceased from  (We) (Jil) (did nat) vi	21F. HOW DID INJ	URY OCCUR?  1968 to - All at in (my) (aur) apinion  Shaff  Phys.   Mon u mes	19 68 an death accurred an the date
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. TIME (Month) (Doy) (Year) (Hour) 21E. If While Work  22. I certify that (I) (this haspital) attended the that (I) (we) last saw the deceased alive an and haur and fram the causes stated abave. (I)  23A. SIGNATURE  23C. PHYSICIAN'S NAME (Type)  24A. BURIAL CREMATION, 24B. DATE 24C. NAM REMOVAL (Specify)	NJURY OCCURRED  AI Not While At Work  deceased from  (We) (Jid) (did not) vi	21F. HOW DID INJ	URY OCCUR?  1968 to - All at in (my) (aur) apinion  Shaff  Phys.   Mon u mes	City, give exact location)  24  19  35  25  26  27  28  29  20  20  20  20  20  20  20  20  20
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. TIME (Month) (Doy) (Year) (Hour) 21E. If While Work  22. I certify that (I) (this haspital) attended the that (I) (we) last saw the deceased alive an and haur and fram the causes stated above. (I)  23A. SIGNATURE  23C. PHYSICIAN'S NAME (Type)  24A. BURIAL CREMATION, 24B. DATE  24C. NAM REMOVAL (Specify)	NJURY OCCURRED  AI Not While At Work  deceased from  (We) (Jil) (did nat) vi	21F. HOW DID INJ	URY OCCUR?  1968 to - All at in (my) (aur) apinion  Shaff  Phys.   Mon u mes	19 68 an death accurred an the date
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. TIME (Month) (Day) (Year) (Hour) 21E. If While Work  22. I certify that (I) (this haspital) attended the that (I) (we) last saw the deceased alive an and haur and from the causes stated abave. (I)  23A. SIGNATURE  23C. PHYSICIAN'S NAME (Type) O O O O O O O O O O O O O O O O O O O	NJURY OCCURRED  AI Not While At Work  deceased from  (We) (Jid) (did nat) vi  DEGREE  Phys  After Phys  Caluary	21F. HOW DID INJ	Shaff Phys. Cartion (City.)	19 68 an death accurred an the date
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21 D. TIME (Month) (Day) (Year) (Hour) 21E. If While Work  22. I certify that (I) (this haspital) attended the that (I) (we) last saw the deceased alive an and haur and fram the causes stated abave. (I)  23A. SIGNATURE  23C. PHYSICIAN'S NAME (Type)  24A. BURIAL CREMATION, REMOVAL (Specify)  24B. DATE  24C. NAM  24C. NAM  24C. NAM	NJURY OCCURRED  AI Not While At Work  deceased from  (We) (Jil) (did nat) vi	21F. HOW DID INJURY OCCUR?  21F. HOW DID INJURY  21 19	Shaff Phys. Carton (City.)	19 68, an death accurred an the date  38. DATE SIGNED  town, or county) (State)  ADDRESS
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. TIME (Month) (Doy) (Year) (Hour) 21E. If While Work  22. I certify that (I) (this haspital) attended the that (I) (we) last saw the deceased alive an and haur and from the causes stated abave. (I)  23A. SIGNATURE  23C. PHYSICIAN'S NAME (Type)  24A. BURIAL CREMATION, REMOVAL (Specify)  34B. DATE 24C. NAM	NJURY OCCURRED  AI Not While At Work  deceased from  (We) (Jid) (did nat) vi  DEGREE  Phys  After Phys  Caluary	21F. HOW DID INJURY OCCUR?  21F. HOW DID INJURY  21 19	Shaff Phys. Carton (City.)	19 68 an death accurred an the date 3B. DATE SIGNED  town, or county) (State)

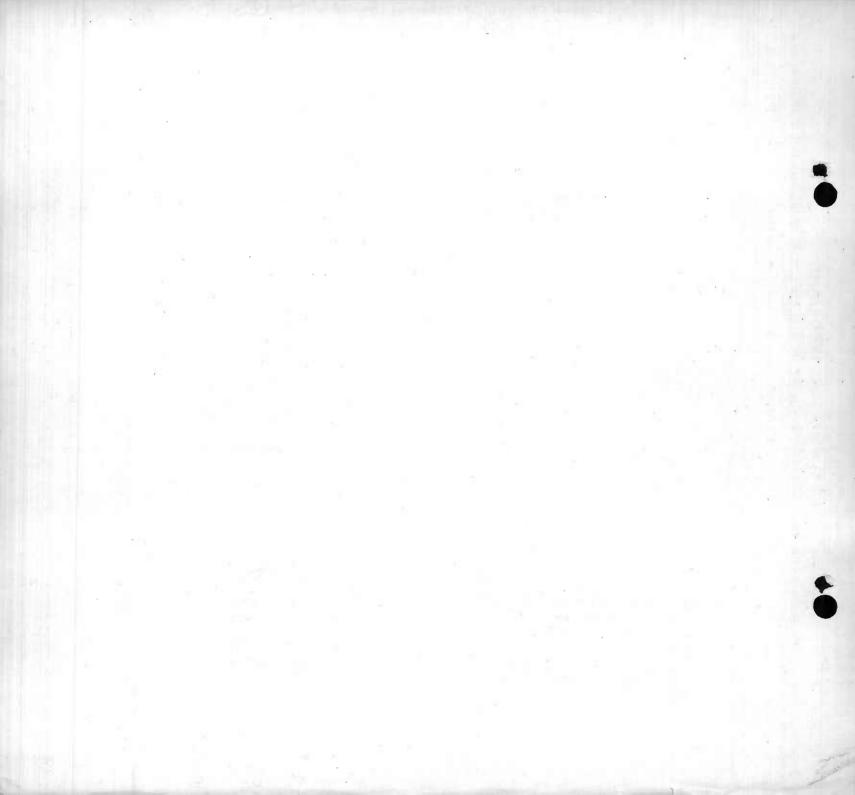




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	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the bady was released to the haspital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature: (2) Body burns: (3) A fracture of any kind: (4) Undetermined cause: (5) Deceased	was D.O.A. at a haspital (except where the physician wha pranounced death was in regular attendance an the Geograph print to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
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	TH NO. 68-8	249	BALTIMORE CIT	T HEALTH DEPARTMEN		68- 8318
	TH NO.	OTO	CERTIFICA	TE OF DEAT	H Registered No.	00 0010
1. N	AME OF DECEASED	_		_	E AND HOUR OF DEATH	
LIAL	Edwards	JOS	eph Co	Quin	8.11.68	1.48 AM
3. F	PLACE OF DEATH IN BALTIMORE, MARYLAND			4. USUAL RESIDENCE	Where deceased lived, If in	stitution: residence before admission)
				A 1-	1 .	wland
- 1	FULL NAME OF (If not in hospital or institution oddress or location)	tion, give	streot		If outside city limits, write	
	NSTITUTION			5	somtle	150004
-	1/2 Manuallin Das	1000	Dr 500 1	D. STREET ADDRESS	(If rurol, give location)	18
J	6 Franklin Squ	Long	NOSPITAL	7.50 1	1 0,000	Tow AUD 41223
5. S	EX 6. RACE 7. MAR	RIED. NE	VER MARRIED	B. DATE OF BIRTH	9. AGE (In yours	
		OWED, D	IVORCED (specify)	5 18 11	lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
0.1	USUAL OCCUPATION (Give kind of work 10B. KIN	D OF BUI	CINITES OR INICIIETES	J . 18 1	70	110 CITITEN OF
	e during most of working life, even if retired)	D OF BU	SINESS OR INDUSTRI	II. BIKIMPLACE (21010 OF	Toreign country)	12. CITIZEN OF WHAT COUNTRY?
	>			Bal	lamore	Maryland
3.	FATHER'S NAME			14. MOTHER'S MAIDEN	NAME	M.Z.Y ()
	Richa: 1 2	716	nonda	Mra	ue Walla	m
5. 1	Wes Deceased Ever in U. S. Armed Forces?	116.	SOCIAL	17. INFORMANT	ar mixa	ADDRESS
Yes	s, no or unknown! (If yes, 'givo wor or dotes of serv	rice)	SECURITY NO.	0	0	
	NO	1 44	3	Timen	er Jourel	u seul
	18. / 5-4. / 1		CAUSE	DE DEATH		INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY			-	4 6 2 02	
	LEADING TO DEATH		(A) DUE TO	< 18mm	al CARect	uu .
	(This daes not mean the made of dying, heart failure, asthenia, etc. It means the disc		DOE 10			
	injury or complication which coused death.)			< Ren	an Parani	
	ANTECEDENT CAUSES		(B)	112011	wr furan	
	DISEASES OR CONDITIONS, if any, gi	_		122	4	
	rise to the above couse (A) stoting UNDERLYING CONDITION lost.	ihe	(C)	Z PN	shwowing.	<b>Q</b>
	1644					
N O	OTHER SIGNIFICANT CONDITIONS CONTRIBE	UTING				
E	TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	THE				
ICA	19A. DATE OF OPERATION 19B. CONDITION I		CH OPERATION	20A. AUTOPSY? (Yes		FINDINGS CONSIDERED
ERTIFI	WAS PERFORMED			NA	IN CERTIFYING CA	USES OF DEATH?
CE	21A. ACCIDENT WAS UNDERLYING	218. PLA	CE OF INJURY (e.g.,	in or obout 21C. WHERE DI	ID (If in Boltimor	B City, give exact location)
AL	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	homo, f	orm, foctory, street, o	office bldg., INJURY OCCU	R?	
O	21 D. TIME (Month) (Doy) (Year) (Hout	215 (1)	JURY OCCURRED	215 HOW 215	INJURY OCCUR?	
	OF INJURY	While A			INJURY OCCUR!	
	(APPROX.)	Work	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~			
	22. I certify that (I) (this hospital) attend	led the d	leceosed from	6:17	1.8/19 10	8 11 19/8
	that (I) (we) last sow the deceased alive	an	0,11	68/19 on	d that in (my) (our) and	nion death occurred on the dat
	and hour and fram the couses stated above					
	23A. SIGNATURE	ve. (1) (1)	re/ (did) (did nor)	view the body offer de	orn.	23B, DATE SIGNED
	W///RM	7	M.D. At	tending Med.	Stoff 1	9 11 100
	11/1000		Ph	ys. Director	Phys.	8.11.68
	23C. PHYSICIAN'S NAME (Type)			23 D. ADDRESS	10:	. 11 . 1
	MA	-ZA	M.D.	320	ukum 29	1, 40 sprtal
4 A	BURIAL CREMATION, 24B. DATE	C. NAME	of CEMETERY or CI	EMATONY 24	D. LOCATION A	ity, town, or county! (Ptote)
	REMOVAL (Specify)	Mit	Cahen (	10.0	Brooken	11/
254	DATE REC'D BY HEALTH DEPT. 25B. NA	ME OF P	ECISTRAR	25C FUNERAL DIREC		ADDRESS
	AUG 1 5 1968 (0.0	45	, Janen	2 h	10 1/0	
16	150 PEV 1/1/65	ACTA ,	-,	Gerry	Jely .	n 765
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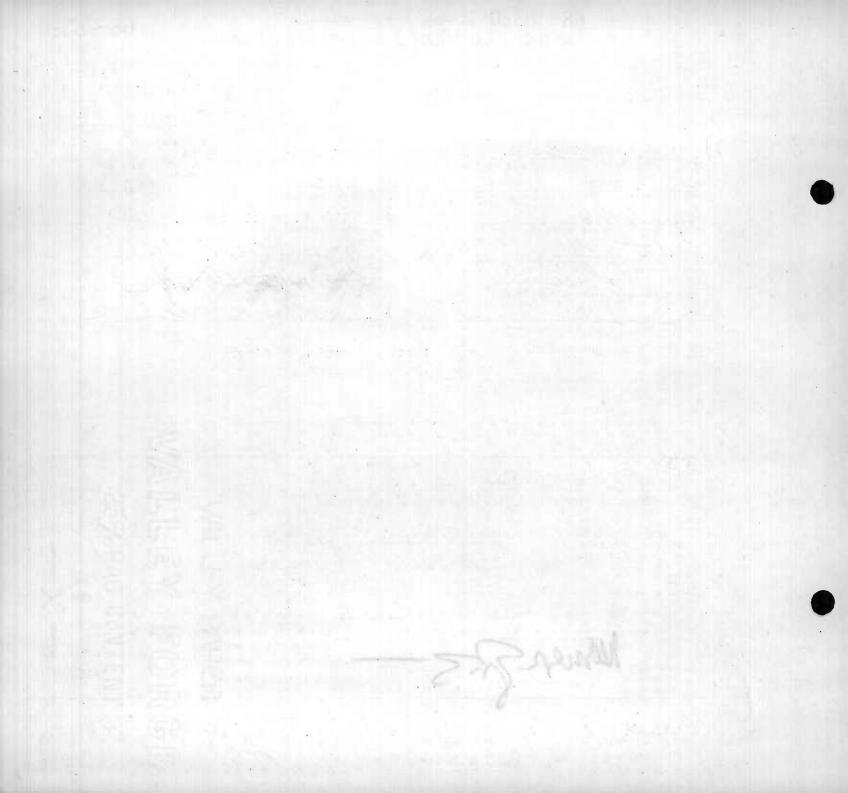


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## 68-8320 BALTIMORE CITY HEALTH DEPARTMENT

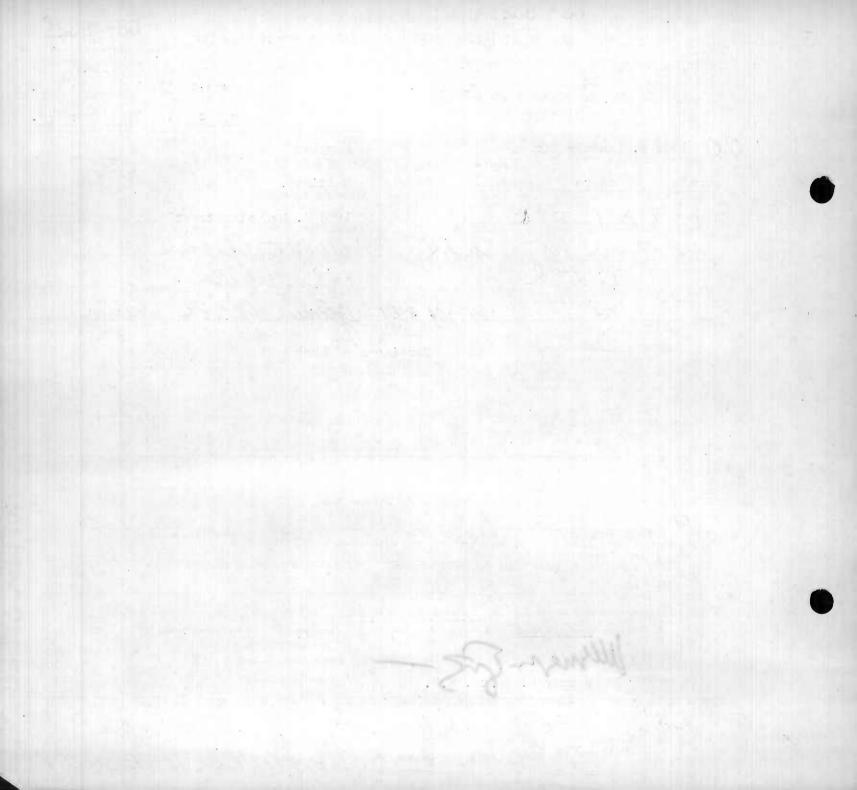
68-8320

BI	RTH NO.	N	MEDICA	L EX	AMINER'S	CERTIFIC	CATE OF	DEATH	REG. NO	)	
1.	NAME OF DEC	EASED				2. DATE	Known 🗍	Month	Doy	Yeor	Hour 9:00
(Ту	pe or Print) FRANK	LIN		1	BROCK	OF DEATH	Estimoted 🔯	August		1968	10:00 R.
					3. DATE		Month	Doy	Yeor	Hour	
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION					JNCED DEAD	August			1:50 P. M.		
1	1	N. Washing	gton St			A. STATE	ESIDENCE (Where land		COUNTY	on: residence	before odmission)
				C. CITY OR		D	. IN PIDE O	CITY LIMITS?	7 60		
1	ale	negro		WED 🗌	DIVORCED		imore			YES X	NO 🗆
2	MA		GE (In years irthdoy)	If Unde Months	er 1 Yr. If Under 24 Hrs Doys Hours Min.		ND NUMBER			HUE	
1	BIRTHPLACE (S	tote or foreign coun	32	12 CIT	IZEN OF	17C	06 N. Wash	ington	St.		
	Back		7'		IAI COUNTIN?	13. PAINER	3 NAME	. 6			
144	USUAL OCCU	ATION (Givekind	Ework 14B, KIN	ID OF #IL	ISINESS OR INDUSTR	VI 15. MOTHE	MAIDEN NAM	MERCE	SI		
don	e during most of w	orking life, own if re	(red)	,	SIMESS OR INDUSTR	110	muitta	den	200	1	
16. (Ye	WAS DECEASE s, no or unknown)	D EVER IN U.S. A	RMED FORC	ES? 1	7. SOCIAL SECURITY NO.	18. IDIORN	ANT	1.	del	ADDRESS	
	10	no		-	217-30-4082	Sun	u Dur	K.	Su	us?	PPROXIMATE INTERVAL
	3 7	101			CAUSE OF DEA	ун					VEEN ONSET AND DEATH
		OR CONDITION EADING TO DEAT					ion of Li	ver			
	(This does no heart follure,	ot meon the mode osthenio, etc. It med plication which cous	of dying, e.g.	,	(A)IMMEDIATE DUE TO, OR	AS A CONSEQ	UENCE OF:	<b>*************************************</b>			
		R CONDITIONS, I		G	(B)	AS A CONSEC	QUENCE OF:		~~~~~	,	
_	RISE TO THE	ABOVE CAUSE (A	) STATING TH	E	(5)						
Ó	1-01	Ő II			(c)						risk mansk skaalesser (ill on an de meneren on on mener pro-ny sy sy sy sy se e
CERTIFICATION	OTHER SIGN	FICANT CONDITION	NS CONTRIB	JTING							
Ē	DISEASE OR	CONDITION GIVEN	IN PART 1 (A	·).	of the Marshadh and win dos the temperature provides any age ago						
E.	20A. DATE OF	OPERATION 20B.	CONDITION	I FOR W	HICH OPERATION W	AS PERFORM	ED			21. AUTO	OPSY? (Yes or No)
7	22A. EXTERN	IAL CALISE WAS		Inon Di	CE OF INVIEW						Yes
EDIC	UNDERLYING	NAL CAUSE WAS  ☐OR CONTRIB-  JSE OF DEATH.		home, f	ACE OF INJURY(e.g. orm, foctory, street, offi	, in or obout 2 ce bldg., etc.) If	VIURY OCCUR?	(If in Boltimore (	City, give e	xoct locotion)	₹
Σ	22D. TIME ( OF INJURY	Month) (Doy)	(Year) (Ho	'	LE AT NO	T WHILE2	2F. HOW DID IN.	JURY OCCUR	?		
	(APPROX.)			m. WO		WORK		- 13.	- 20		
		fy that I held on	Inquiry		nspection A	topsy X	ond that on th	nis bosis, de	oth In my	y opinion	
	result	ed frem: Noturol	couses X	Acc	ident Suici	de 🗌 Ho	micide 🗌	Undetermine	d monner		
	ACTUAL	11/1/20	000				CHIEF MEDICAL E	XAMINER [			DATE SIGNED
	SIGNATU	RE_NUVIN	42	7/	M.I	ASSI:	STANT MEDICAL E	XAMINER X	<u>X</u>		
	EXAMINE NAME (T	/pe) Wel	rner U.	Spit	z, M.D.	ASSO	CIATE MEDICAL E	XAMINER L		8	3/12/68
24 RE	A. BURIAL CREM	ATION, 24B. DA	ATE	) 24C.	NAME OF CEMETERY	or CREMATO	24D.	LOCATION	(City, tov	wn, or county	(Stote)
	Buch	el 8-	13-68	1	Malus	UN		/ Juh	tus	11	rix_
25		BY REALTH DEPT.			F REGISTRAR	25C. F	UNERAL DIRECTO	OF		ADDRESS	met a
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VS	151-REV. 1/1/6B			1 11							1



	EXAMINER'S	CERTIFIC	CATE OF	DEATH	REG. NO	68-	8321
RTH NO. . NAME OF DECEASED		2. DATE	Known 🔀	Month	Day	Yeor	Hour
Type or Print) FRANK	GLOVER	OF DEATH	Estimated	August	: 11.	1968	9:30 P.M.
PLACE IN BALTIMORE, MARYLAND, WHERE PRO		3. DATE		Month	Doy	Yeor	Hour
ULL NAME OF (IF NOT IN HOSPITAL OR INSTI OSPITAL ADDRESS OR LOCATION)		NCED DEAD	August	11,	1968	9:30 P.M.	
) 1908 E. Lanvale Street		A. STATE	yland		COUNTY	Tesigetice by	erore ournission)
. SEX 7. RACE 8. MARRI	ED MEVER MARRIED	C. CITY OR	TOWN	D	INSIDE CIT	A TWILZS	100
male negro widow	ED DIVORCED	Ba1	timore	•	O YE	s X	NO [
DATE OF BIRTH 10. AGE (In years lost birthdoy) 67	If Under 1 Yr. If Under 24 Hrs. Months, Doys, Hours, Min.		ND NUMBER	olo Ctmo			
	2. CITIZEN OF WHAT COUNTRY?	13. FATHER	8 E. Lany	Olo.	a .		
A.USUAL OCCUPATION Give kind of work TAB. KIND	OF BUSINESS OR INDUSTRY	15. MOTHE	S MAIDEN NA	ME	ec		
A. USUAL OCCUPATION I Give kind of work B. KIND ine during most of yorking life, extensive testing to be a second with the sec		10	la U	Yello			
. WAS DECEASED EVER IN U.S. ARMED FORCES es, no or unknown) ((If yes, give wor or dotes of service)	17. SOCIAL SECURITY NO.	IB. INFORM	ANT	20	AD	DESS	2
n	217-01-886	an	Pitall !	none	6	an	l
19.162,11	CAUSE OF DEA	TH	/				ROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY	CArcin	oma of	Lung				
LEADING TO DEATH	(A)IMMEDIATE C	AUSE					
(This does not meon the mode of dying, e.g., heart foilure, asthenio, etc. It meons the disease, injury or complication which coused death.)	DUE TO, OR	AS A CONSEQ	JENCE OF:				
Injury or complication which coused death.)							
ANTECEDENT CAUSES	(B)						
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	DUE TO, OR	AS A CONSEC	UENCE OF:				
UNDERLYING CONDITION LAST.	(c)						
12 2 12 11	(0/						
OTHER SIGNIFICANT CONDITIONS CONTRIBUT	NG						
OTHER SIGNIFICANT CONDITIONS CONTRIBUT TO THE DEATH BUT NOT RELATED TO THE TERMI DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION 20B. CONDITION	NAL			*************			-u
20A. DATE OF OPERATION 20B. CONDITION	OR WHICH OPERATION W	AS PERFORM	ED			21. AUTO	PSY? (Yes or No)
							No
22A. EXTERNAL CAUSE WAS	28. PLACE OF INJURY (e.g.,	in or obout 2	C. WHERE DID	(If in Boltimare C	ity, give exo	ct location)	110
UNDERLYING OR CONTRIB-	nome, form, foctory, street, offic	e bldg., etc.) II	NJURY OCCUR?				
22D. TIME (Month) (Doy) (Yeor) (Hour	22E.INJURY OCCURRED	2	2F. HOW DID IN	JURY OCCUR?			
OF INJURY	WHILE AT NOT	WHILE					
23.	m. WORK AT V	ORK					
I certify that I held an Inquiry	Inspection XX Au	tapsy 🗌	and that an t	his basis, de	ath in my	apinian	
resulted fram: Natural causes X	Accident Suicio	le Ho	micide	Undetermined	manner [		
11/1			HIEF MEDICAL		]		
ACTUAL MUSICA 1-	1 2 -	ASSI	STANT MEDICAL	-			DATE SIGNED
SIGNATURE	M.C				1		8/12/68
EXAMINER'S Werner U. S	Mez, MD.	A550	CIATE MEDICAL	EXAMINER L	,	9.31	
4A. BURIAL CREMATION, 24B. DATE EMOVAL (Specify)	24C. NAME of CEMETERY	or CREMATO	RY 24D.	LOCATION	(City, town	, or county)	(Stote)
Bung & -1662	alulus !	Dust		Melule	w	m	X
SA. DATE REC'D BY HEATH DEPT 258 N	AME OF REGISTRAR	2507	UNERAL DIRECT	OR/	A	DDRESS	
Por T9 1808 ()	rest & standing	A 1/1/	a.///	lillan.	امصمرر	m	w. Ale A
S 151.PFV 1/1/6R		- Ul	of will	www	1000	M	mey "

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68- 8322 BALTIMORE CITY HEALTH DEPARTMENT

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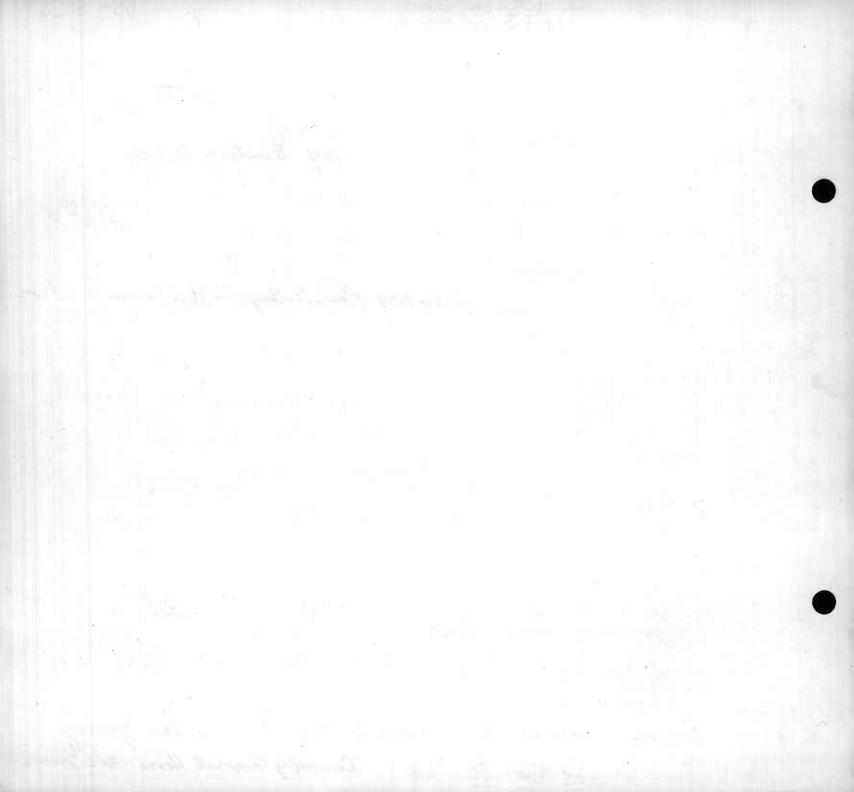
MEDICAL EXAMINER'S	CERTIFICATE OF DEATH REG. NO.
1. NAME OF DECEASED	2. DATE Known Month Day Year Hour
(Type or Print) TOM DURANT	OF DEATH Estimoted  8 13 68 10:25p M
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy Year Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) OR INSTITUTION	PRONOUNCED DEAD  August 13 1968 10:25 p N  5. USUAL RESIDENCE (Where deceased lived, if Institution; residence before admission)
0	A. STATE  B. COUNTY
6. SEX 7. RACE B. MARRIED ALEVER MARRIED	Maryland    C. CITY OR TOWN   D. INSIDE CITY LIMITS?
MARKIED ET NEVER MARKIED	
Male   Colored   WIDOWED   DIVORCED   9. DATE OF BIRTH   10. AGE (In years   If Under   Yr. If Under 24 Hrs.	Balto.
Sept. 18, 1918   lost birihdoy)   Months   Doys   Hours   Min.	817 W. Saratoga St.
11. BIRTHPLACE(Stote or foreign country) 12. CITIZEN OF	13. FATHER'S NAME
Lynchburg S.C. WHAT COUNTRY?	Lucius Durant
14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTR	15. MOTHER'S MAIDEN NAME
Stock Clerk CatsPaw Rubber	Rose
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give wor or dotes of service)  17. SOCIAL SECURITY NO.	18. INFORMANT ADDRESS'
yes W.W 2	Dorothy Durant 817 W. Saratoga St.
19. 39 8 X 1 CAUSE OF DEA	ATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
DISEASE OR CONDITION DIRECTLY	
LEADING TO DEATH	CAUSE Rheumatic heart disease
	AS A CONSEQUENCE OF:
injury or complication which coused death.)	
ANTECEDENT CAUSES (B)	
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO, OR	AS A CONSEQUENCE OF:
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	
6 4/6 X II	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	Chronic pyelonephritis
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION   20B. CONDITION FOR WHICH OPERATION W	AS PERFORMED 21. AUTOPSY? (Yes or No)
	yes
U HAIDEDLYING TOP CONTRIB	, in or obout 22C. WHERE DID (If In Boltimore City, give exact location) ce bldg., etc.) INJURY OCCUR?
UTING CAUSE OF DEATH.	LOOF HOWAY A SALIPA
OF INJURY	22F. HOW DID INJURY OCCUR?
m. WORK AT V	WORK .
23.  I certify that I held on Inquiry I Inspection A	ptopsy XX and that on this basis, death in my opinion
resulted from: Notural causes XX Accident Suici	de Homicide Undetermined monner
0 10 11	CHIEF MEDICAL EXAMINER
SIGNATURE CINCLE M.E.	ASSISTANT MEDICAL EXAMINER  DATE SIGNED
EXAMINER'S	ASSOCIATE MEDICAL EXAMINER
NAME (Type) Ronald N. Kornblum, M.D.	August 14, 1968
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY REMOVAL (Specify)	
Shipped 8/16/1968 Lynchburg	Cem. Lynchburg S.C.
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUMBRAL DIRECTOR A 7 ADDRESS /
AUG 15 1968 O D. 1 8 Freduna	Williams Yungal Son 31991 Jahranson

VS 151-REV. 1/1/68

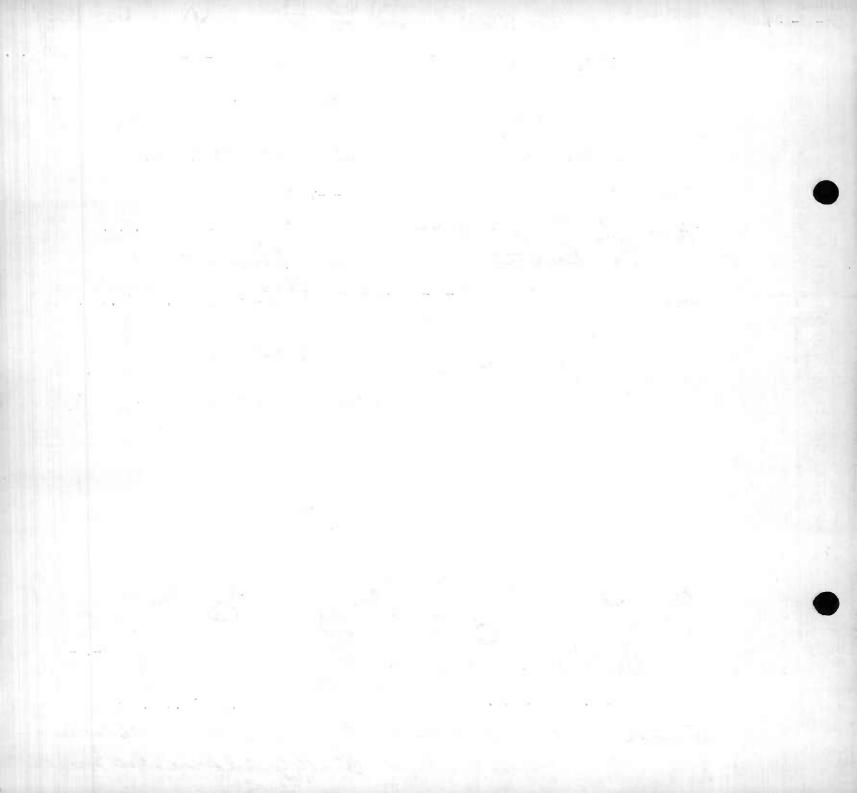
SUPER IGN post of the Title of Smill to the South

IMPORTANT

FUNERAL DIRECTOR:



BALTIMORE CI	TITY HEALTH DEPARTMENT 68-8324
J-553 68- 8324 CERTIFIC	CATE OF DEATH
District 140.	
(Type of Print) Alpha, Jennings	INGS 12 0.8-12-68 5 38:30 p.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	72 10
HOSPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN BALT IMORE  D. INSIDE CITY LIMITS?
BALTIMORE CITI HOSPITALS	YES NO 🔏
3 / 4940 EASTERN AVENUE	E. STREET AND NUMBER
BALTIMORE, MARYLAND 21224	124 ALCOCK ROAD 21221 005
5. SEX 6. RACE 7. MARRIED NEVER MARRIED	iost birinday) iviolitis; Days Hadis; Ivilia.
FEMALE WHITE WIDOWED DIVORCED	
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUST tone during most of working life feven if retired)	
Housewik at Home	KENTUCKY U.S.A.
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
PETE Barrett	JANE Johnson
5. Was Deceased Ever in U. S. Armed Forces? Yes, na ar unknawn) (If yes, give war ar dates of service)	17. INFORMANT BALTIMORE CITY HOSPITAISPRESS
no 239-03-1045	4940 EASTERN AVE., BALTO., MD. 21224
18. 410.9   CAUSE OF DEA	ATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	
LEADING TO DEATH  (This does not mean the mode of dying, e.g., (A) IMMEDIATE C	
heart failure, asthenia, alc. It means the disease, injury or complication which coused death,)	AS A CONSEQUENCE OF:
ANTECEDENT CAUSES	
DISEASES OR CONDITIONS, if ony, giving DUE TO, OR	derascler tic heart disease dyns
rise to the obove couse (A) stoting the	and a construction.
UNDERLYING CONDITION Iosi. (C)	
Z 420,) 11	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	n respirator for 3 wks.
	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
198. CONDITION FOR WHICH OPERATION WAS PERFORMED  218. ACCIDENT WAS UNDERLYING 1218. PLACE OF INJURY (9.0	IN CERTIFYING CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF home form foctory, street	g., in or about 21C, WHERE DID (If in Baltimore City, give exact location), affice bldg., INJURY OCCUR?
DEATH (notify medical examiner)	
21D.TIME (Manth) (Day) (Year) (Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
(APPROX)  While At Work  Not Work	
22(1)certify that (1) this haspital) attended the deceased from	ans 1 1968 to aug 12 1968
tho (1) (we) last sow the deceased alive on aug /1	19 and that in (my) (our) apinion death occurred on the dat
ond hour and from the couses stated above (1) (We) (did) (did not	
23A. SIGNATURE	23B. DATE SIGNED -68
	Attending Med. Stoff C
23C. PHYSICIAN'S	122D ADDRESS
DAVID J. RILEY, M.D.	BALTIMORE CITY HOSPITALS
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or	
REMOVAL (Specify)	emetery ashville - north Carolina
25A. DATE RECEIVED HEALTH OFFICE ASB. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
1368 P. L. E. Fr. Q. 40	Cornelly Jemeral Horre - 300 mace
VS 150 PEV 1/1/68	Common thurse by



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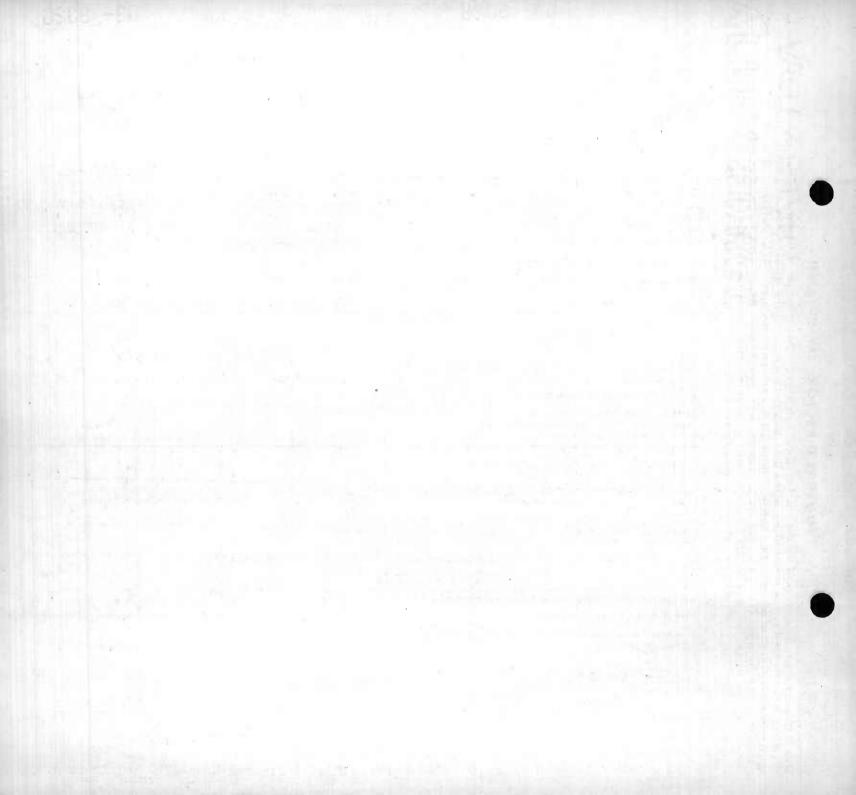
DIRECTOR:

FUNERAL

VS 150-REV. 1/1/6B

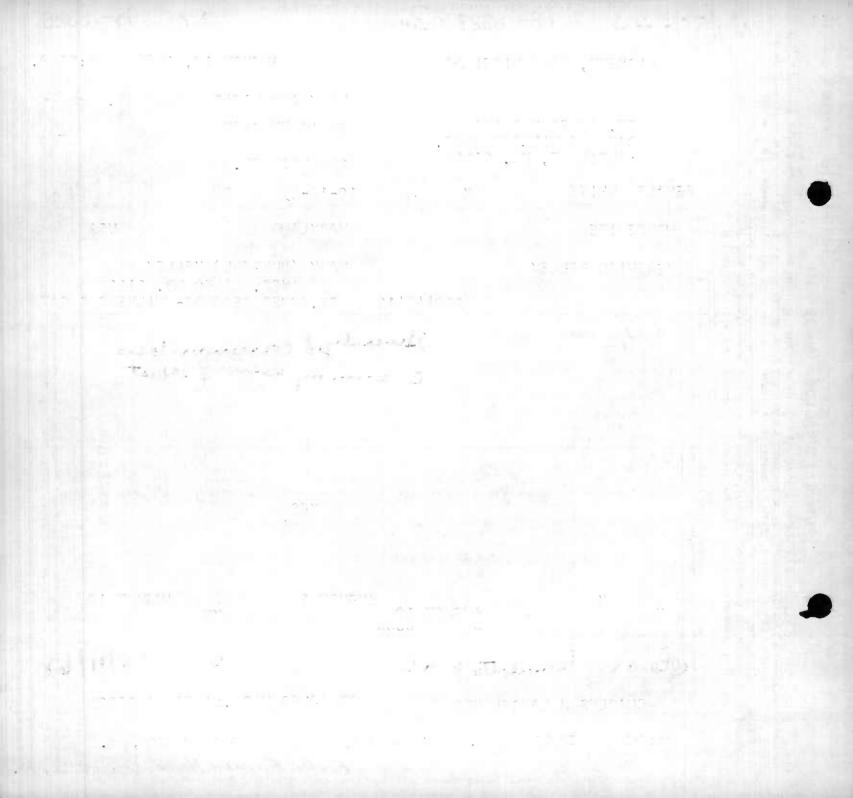
BALTIMORE CITY HEALTH DEPARTMENT

William Transfer on the THON STORAGE PRICHERY AND 2123 LATE CHITEN AND LINES ANERILLE Martin geladermi Religi REUTH MYSSERBING WAYER EEZHE A CEPEZ MO CHINE BONE BON HEY

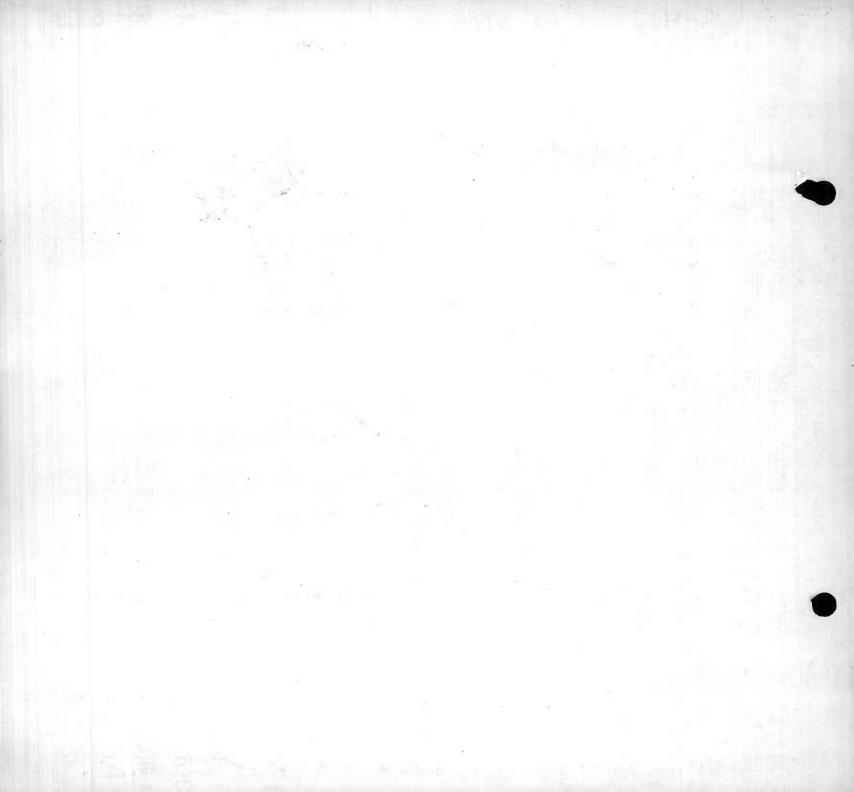


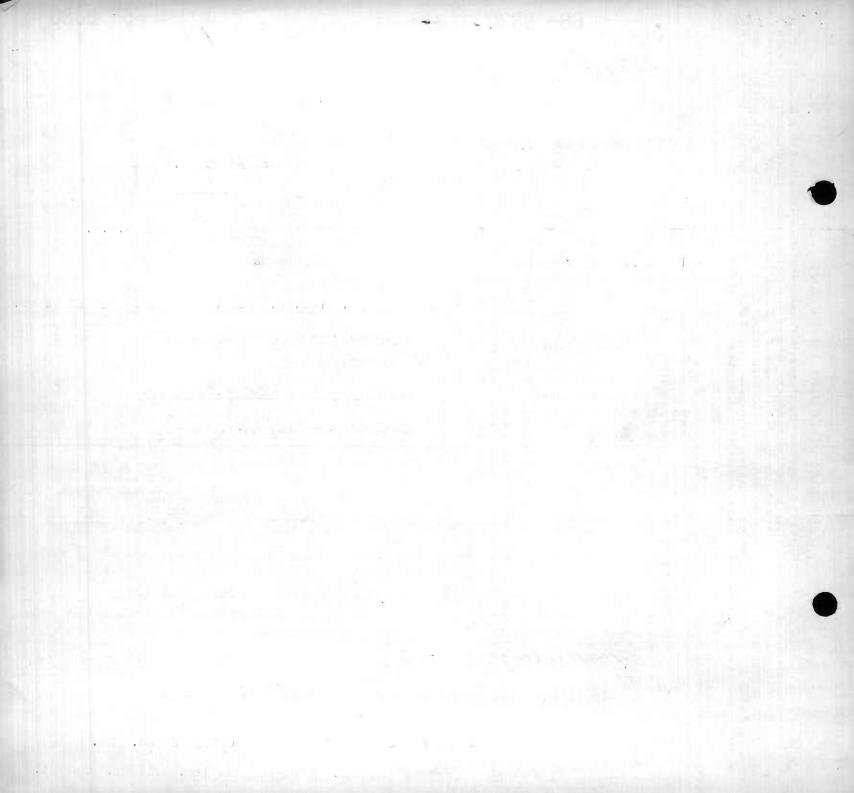
Union Hemorral Hospital biz as 36th street व्यक्ति हे, जार slangla-1 S. w. rewest orden m Sale Mile Miles accessed daughter 20 to 3859. I'm stank ASC VB presumen in Ppilm releve OUN Aug 10 Brun Black no. NO PH W Versen Memoral Merpital Brian Block

URTH NO.	00	OOK	28 CERTIFICA	ALL OF DEATH	*	
NAME OF DECEASED				2. DATE	AND HOUR OF DEAT	
FICKLII	, MARY				GUST 10, 19	
B. PLACE IN BALTIMORE, M	ARYLAND, WI	HERE PRONO	UNCED DEAD	A. STATE B. CO	UNTY	institution: residence before
FULL NAME OF (IF NO ADDR	T IN HOSPITA	L OR INSTIT	UTION, GIVE STREET	MARYLAND :		ARD CO. 63
N STITUTION	GNES H			C. CITY OR TOWN ELLICOTT		ISIDE CITY LIMITS?
HO CATON	& WIL	KENS A	VES.	E. STREET AND NUMBER		163
BALTI	MORE, I	MD. 21	229	208 MAIN 9	ST.	
SEX 6. RACE		7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years lost bighday)	Months Doys Hours
FEMALE WHI		WIDOWED			78	
OA, USUAL OCCUPATION (Gi one during most of working life, o		10B. KIND OF	BUSINESS OR INDUSTR	Y 11. BIRTHPLA CE (State or f	oreign country)	12. CITIZEN OF WHAT
HOUSEWIFE				MARYLAND		USA
3. FATHER'S NAME		7455		14. MOTHER'S MAIDEN N	IAME	
JEREMIAH					RELL) KELL	
S. Was Deceased Ever in U. Yes, no or unknown) (If yes, giv	S. Armed Farc	es? of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANTAVES		
			220446412	ST.AGNES	RECORDS - 1	WILKENS & CA
1B. / / 4 X			CAUSE OF DEA	in ^		BETWEEN ONSE
DISEASES OR CONDI	couse (A)		(B)	S A CONSEQUENCE OF:	0	tous
DISEASES OR CONDI	ITIONS, if a cause (A) ION last.		(B)			
DISEASES OR CONDITIONS IN THE CONDITION OF THE CONDITION	ITIONS, if a cause (A) ION last.	stating the				
DISEASES OR CONDITION  THE DEATH BUT NOT  TO THE DEATH BUT NOT  TO THE DEATH BUT NOT	ITIONS, if a cause (A) ION last.  II  NOTITIONS CON RELATED TO THE GIVEN IN PART	STRIBUTING TE TERMINAL TO (A).	(c)	S A CONSEQUENCE OF:	0	
DISEASES OR CONDITION  THE DEATH BUT NOT  TO THE DEATH BUT NOT  TO THE DEATH BUT NOT	ITIONS, if a cause (A) ION last.  II  NOTITIONS CON RELATED TO THE GIVEN IN PART	STATEMENT STATEM			0	
DISEASES OR CONDITION OF THE PROPERTY OF THE P	ITIONS, if of cause (A) ION last.  II NOTIONS CON RELATED TO TH GIVEN IN PART N 198. CONE WAS PERFI	STORING THE STRING TO THE TERMINAL THE	(C)WHICH OPERATION  PLACE OF INJURY (e.g., e., form, foctory, street,	S A CONSEQUENCE OF:	No) 208. IF YES, WER IN CERTIFYING C	E FINDINGS CONSIDERED AUSES OF DEATH?
DISEASES OR CONDITION OF THE RESIDENT CONDITION OF THE RESIDENT CONDITION OF THE RESIDENT CONDITION OF THE RESIDENT WAS UPON OR CONTRIBUTING CONTRIBUTION CONTRIB	ITIONS, if of cause (A) ION last.  II NOTIONS CON RELATED TO TH GIVEN IN PART N 198. CONE WAS PERFI	NTRIBUTING IETERMINAL 1 (A). DITION FOR NORMED  218. homelc. (Hour) 21E.	WHICH OPERATION  PLACE OF INJURY (e.g. e, form, foctory, street, )	20A. AUTOPSY? (Yes or YES, in or obout 21C. WHERE DID office bldg., INJURY OCCUR?	No) 208, IF YES, WER IN CERTIFYING C	E FINDINGS CONSIDERED
DISEASES OR CONDITION OF THE RESIDENT CONDITION OF THE RESIDENT WAS UNDERLYING OR CONTRIBUTING OR CONTRIBUTING CONTRIBUTION CONTRIBUTIO	ITIONS, if of course (A) ION last.  II  IDITIONS CONTROL TO THE COURSE OF COURSE	NTRIBUTING IETERMINAL 1 (A). DITION FOR NORMED  218. homelc. (Hour) 21E.	WHICH OPERATION  PLACE OF INJURY (e.g., e., form, foctory, street, )  INJURY OCCURRED  ile At Not Wh	20A. AUTOPSY? (Yes or YES , in or obout 21C. WHERE DID office bldg., INJURY OCCUR?	No) 208, IF YES, WER IN CERTIFYING C	E FINDINGS CONSIDERED
DISEASES OR CONDITIONS IN THE SIGNIFICANT CONTOURLYING CONDITIONS OF THE DEATH BUT NOT TO THE DEATH (Notify medical expectations)  21 A. ACCIDENT WAS UT OR CONTRIBUTING C. DEATH (notify medical expectations)  21 D. TIME (Month) (Month)  22. I certify that (M (t)	ITIONS, if a cause (A) ION last.  II NOTIONS CON RELATED TO TH GIVEN IN PART N 198. CONE WAS PERFICONIED (Day) (Year)	NTRIBUTING IE TERMINAL [1 (A). ORMED  218. hometc. (Hour) 21E, Wh. Wo	WHICH OPERATION  PLACE OF INJURY (e.g., e., form, foctory, street, )  INJURY OCCURRED  itle At Not Which Not Which At Work  he deceased from	20A. AUTOPSY? (Yes or YES, in or obout 21C. WHERE DID office bldg., INJURY OCCUR?	No) 208. IF YES, WER IN CERTIFYING C	E FINDINGS CONSIDERED AUSES OF DEATH?
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DISEASES OR CONDITIONS IN THE SIGNIFICANT CONDITION OF THE DEATH BUT NOT DISEASE OR CONDITION OF THE DEATH BUT NOT DISEASE OR CONDITION OF THE DEATH (notify medical expectation) or Contributing Contri	ITIONS, if a cause (A) ION last.  II NOTITIONS CON RELATED TO THE GIVEN IN PART WAS PERFORMALSE OF cominer)  Chis haspital)	NTRIBUTING IETERMINAL 1 1 (A). DITION FOR VORMED  218. wh Wo ) attended t d alive an	WHICH OPERATION  PLACE OF INJURY (e.g. ne, form, foctory, street, street)  INJURY OCCURRED  At Work  He deceased from  AUGUST 10	20A. AUTOPSY? (Yes or YES, in or obout 21C. WHERE DID office bldg., INJURY OCCUR?  21F. HOW DID to bld and yiew the bady after deat	No) 208. IF YES, WER IN CERTIFYING CO. (If In Baltim	E FINDINGS CONSIDERED AUSES OF DEATH?
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DISEASES OR CONDITIONS IN THE SIGNIFICANT CONDITION OF THE DEATH BUT NOT DISEASE OR CONDITION OF THE DEATH BUT NOT DISEASE OR CONDITION OF THE DEATH (notify medical expectation) or Contributing Contri	ITIONS, if a cause (A) ION last.  II NOTITIONS CON RELATED TO THE GIVEN IN PART WAS PERFORMALSE OF cominer)  Chis haspital)	NTRIBUTING IETERMINAL 1 1 (A). DITION FOR VORMED  218. wh Wo ) attended t d alive an	WHICH OPERATION  PLACE OF INJURY (e.g. ne, form, foctory, street, street)  INJURY OCCURRED  At Work  He deceased from  AUGUST 10	20A. AUTOPSY? (Yes or YES, in or obout 21C. WHERE DID office bldg., INJURY OCCUR?  21F. HOW DID to blde and view the bady after deathernding Med. Director 22D. ADDRESS	No) 20B. IF YES, WER IN CERTIFYING CO. (If In Boltim	E FINDINGS CONSIDERED AUSES OF DEATH? Fore City, give exact lacation UGUST 10
DISEASES OR CONDITIONS IN THE PROPERTY OF THE	ITIONS, if a cause (A) ION last.  II NOTIONS CON RELATED TO THE GIVEN IN PART WAS PERFORM (Doy) (Year)  This haspital) the deceased causes state	NTRIBUTING IETERMINAL 1 1 (A). DITION FOR VORMED  218. wh Wo ) attended t d alive an	WHICH OPERATION  PLACE OF INJURY (e.g. ne, form, foctory, street, street)  INJURY OCCURRED  At Work  He deceased from  AUGUST 10	20A. AUTOPSY? (Yes or YES, in or about 21C. WHERE DID office bldg., INJURY OCCUR?  21F. HOW DID to bldg. AUGUST 2  19 68 and view the bady after deat  thending Med. Director 123D. ADDRESS  ST AGNES HO	No) 208. IF YES, WER IN CERTIFYING CO. (If In Baltim	E FINDINGS CONSIDERED AUSES OF DEATH? Fore City, give exact lacation UGUST 10
DISEASES OR CONDITIONS IN THE SIGNIFICANT CONTOURLYING CONDITION OF THE DEATH BUT NOT DISEASE OR CONDITION OF THE DEATH (Notify medical expectation) or Contributing Contributing Contributing Contributing Contributing Contributing Contributing Contribution (Approx.)  21	ITIONS, if a cause (A) ION last.  II NOTIONS CON RELATED TO THE GIVEN IN PART WAS PERFORM (Doy) (Year)  This haspital) the deceased causes state	NTRIBUTING IE TERMINAL (1 (A). (Hour) 21E. Wh Wo ) attended t d alive an ed above.	WHICH OPERATION  PLACE OF INJURY (e.g., form, foctory, street, foctory, street, form, foctory, foct	20A. AUTOPSY? (Yes or YES, in or obout 21C. WHERE DID office bidgs, INJURY OCCUR?  21F. HOW DID to the did of the holding Med. Director 123D. ADDRESS ST AGNES HI	No) 208. IF YES, WER IN CERTIFYING CO.  (If In Baltim  NJURY OCCUR?  19 68 to A  that in (Any) (aur) al  h.  Staff Phys.	E FINDINGS CONSIDERED AUSES OF DEATH? Fore City, give exact lacation  UGUST 10
DISEASES OR CONDITIONS IN THE PROPERTY OF INTERPRETATION OF INJURY (APPROX.)  21A. ACCIDENT WAS UPON OF INJURY (APPROX.)  22. I certify that (M (that (M (we) last saw and haur and fram the 23A. SENATURE (Type)  23C. Physician's NAME (Type)  CHARLE  CHARL	ITIONS, if a cause (A) ION last.  III  NOITIONS CON RELATED TO THE GIVEN IN PART IN 198 CONTENT IN PART IN 199 (Content In PART IN 199 (Content In PART IN IN IN 199 (CONTENT IN	NTRIBUTING IETERMINAL (1 (A). DITION FOR ORMED  218. hom etc. (Houn) 21E. Wh Wo  Attended t d alive an ed abave.	WHICH OPERATION  PLACE OF INJURY (e.g., form, foctory, street, foctory, street, foctory)  INJURY OCCURRED  At Work  At Work  He deceased from	20A. AUTOPSY? (Yes or YES, in or obout 21C. WHERE DID office bldg., INJURY OCCUR?  21F. HOW DID to bldg. AUGUST 2  19 68 and view the bady after deat  thending Med. Director Director Director Director Capable ST AGNES HI	No) 208. IF YES, WER IN CERTIFYING CO.  (If In Baltim  NJURY OCCUR?  19 68 to A that in (m) (our) and h.  Staff Phys.  OSP.BALTO LOCATION (C.)	UGUST 10 pinian death accurred of State Signed  238. DATE Signed  238. DATE Signed  (City, tawn, or county)
DISEASES OR CONDITIONS IN THE PROPERTY OF INJURY (APPROX.)  21A. ACCIDENT WAS UNOR CONTRIBUTING CONTRIBUTION	ITIONS, if of course (A) ION last.  III  NOTIONS CON RELATED TO THE GIVEN IN PART IN 1798. CONTO WAS PERFORMATE OF COMMING (Doy) (Year)  This haspital) the decease causes state (A) 13/196	NTRIBUTING IETERMINAL (1 (A). DITION FOR ORMED  218. Who wo attended t d alive an ed abave.	WHICH OPERATION  PLACE OF INJURY (e.g., e., form, foctory, street, e.)  INJURY OCCURRED  At Work  At Work  He deceased from  AUGUST 10  () (We) (did) (Mid Not)  PH	20A. AUTOPSY? (Yes or YES  in or obout 21C. WHERE DID office bidg., INJURY OCCUR?  21F. HOW DID to the did of the holding Med.  22D. ADDRESS  ST AGNES HOREMATORY  22C. FUNERAL DIRECT	No) 208. IF YES, WER IN CERTIFYING CO.  (If In Baltim  NJURY OCCUR?  19 68 ta A  that in (My) (aur) al  h.  Staff Phys.  OSP.BALTO  LOCATION ( Ellicott Cor	UGUST 10  pinian death accurred of State Signed Sig



VS 150-REV, 1/1/6B

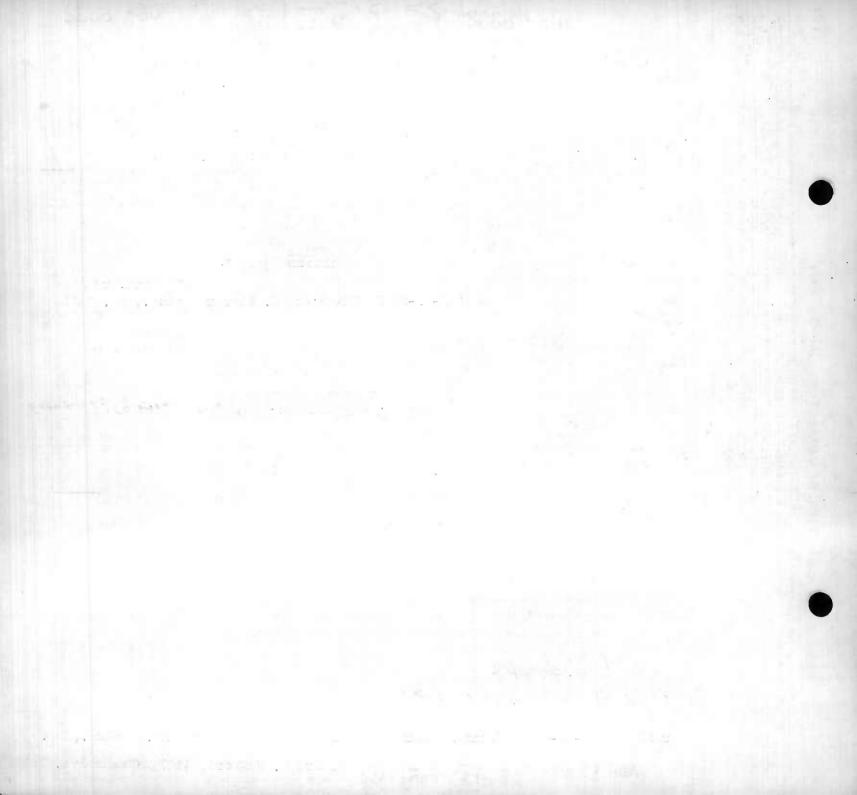




VS 150-REV. 1/1/6B

adono care, nome flore 6 mes. 2 Who Watermay MD X 8/2/63

VS 150-REV. 1/1/68



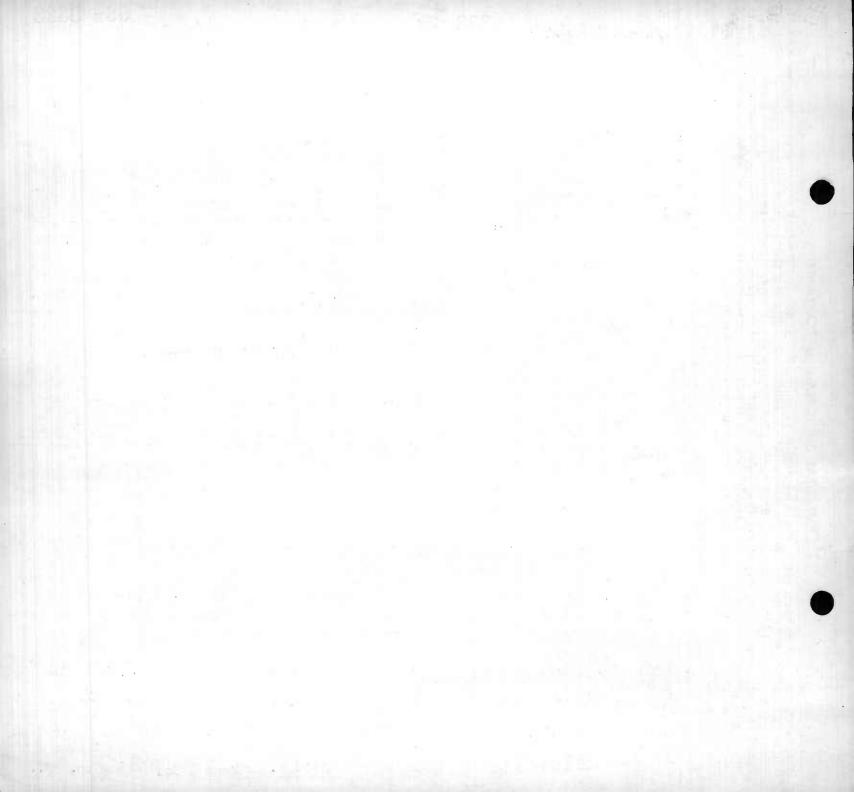
IMPORTANT

DIRECTOR:

FUNERAL

VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT

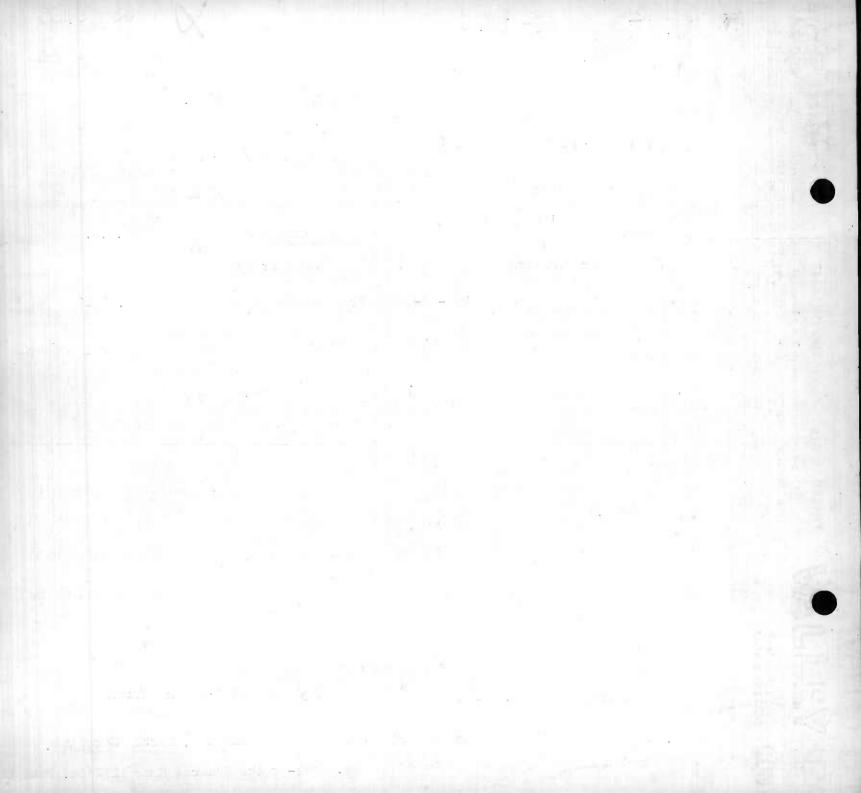


R-200

	68- 8334	BALTIMORE CITY HE	ALTH DEPARTM	ENT					
	MEDICAL E	XAMINER'S	CERTIFICA	TE OF	DEATH		68-	833	4
BIRTH NO.	MEDIC/ LE L	- C			DE/ (111	REG. NO			
1. NAME OF DECEASED				Knawn 🗌	Manth	Doy	Yeor	Hour	
(Type or Print)			OF DEATH	Estimoted 🗓	August	9, 19	68	4:30	P
OI III			3. DATE		Month	Day	Yeor	Haur	- <del>1</del> V1.
FULL NAME OF (IF NOT I	IN HOSPITAL OR INSTITUTI	ON, GIVE STREET	PRONOUNC	ED DEAD		12 10	60	9.45	٨
HOSPITAL ADDRESS	S OR LOCATION)		5. USUAL RESID	ENICE /When	August			8:45	
7			A. STATE	Elace (where		COUNTY	residence b	erore admiss	ion)
1613 Xt. Paul			Mary1	and				1	
6. SEX 7. RACE	B. MARRIED	NEVER MARRIED	C. CITY OR TO	WN		. INSIDE CIT	Y LUAITS?		
male whi	te WIDOWED!	DIVORCED [	Balti	more		YES	X	VO O	
		nder 1 Yr. If Under 24 Hrs. ths   Days   Hours   Min.	E. STREET AND	NUMBER					
Aug. 30, 1911	last birthday) Mont	ms   Days   nours   min.	1613	St. Pau	1 St.				
11. BIRTHPLACE (Stote or foreign		CITIZEN OF	13. FATHER'S N						
	- V	WHAT COUNTRY?							
Georgia	kind of work[148_KIND_OF	U.S.A.	Mark R	MAIDEN NAM	AF				
done during most of working life, ever	n if retired)	D03114E33 OK 114D031K	The Monter's	MAIDEIT ITAL					
Shoe Cobbler		e Repair	Eliza						
16. WAS DECEASED EVER IN U. (Yes, no ar unknawn) (If yes, give wo		17. SÓCIAL SECURITY NO.	18. INFORMAN	IT		74 N.AP	Reson	n Lane	
No		216-32-1066	Mr. Ben	jamin C	. Rich	Newport			
19.412.4		CAUSE OF DEA	TH					PROXIMATE INT	
DISEASE OR CONDIT	TON DIRECTLY			. 1.	4 .	5		LETT OTTOET FILE	D DEFINIT
LEADING TO			clerotic	Cardiova	ascular	Diseas	e		
(This does not mean the m	rade of dying, e.g.,	(A)IMMEDIATE (	AS A CONSEQUEN	ICE OF:					
heart failure, asthenia, etc. I injury or complication which									
ANTECEDENT C		(B)							
DISEASES OR CONDITIO	NS, IF ANY, GIVING SE (A) STATING THE	DUE TO, OK	AS A CONSEQUE	NCE OF:					
I I UNDERLYING CONDITION	N LAST.	(c)							
0 1100 /		· · · · · · · · · · · · · · · · · · ·							
OTHER SIGNIFICANT COND									
DISEASE OR CONDITION G	ELATED TO THE TERMINAL								
OTHER SIGNIFICANT CONE TO THE DEATH BUT NOT R DISEASE OR CONDITION OF 20A. DATE OF OPERATION		WHICH OPERATION W	AS PERFORMED				21. AUTOI	PSY? (Yes or	Na)
0								27	
22A. EXTERNAL CAUSE W	JAC 1228	PLACE OF INJURY(e.g.,	in as about 22C	WHERE DID /	If in Rollimore	City give evec	t location)	No	
22A. EXTERNAL CAUSE W UNDERLYING OR CONTI UTING CAUSE OF DEAT		e, farm, factory, street, office	e bldg., etc.) INJU	RY OCCUR?	ii iii boiiiiiidje	city, give exoc	Township		
UTING CAUSE OF DEAT									
OF INJURY (Month) (Do	, , , , , ,	2E.INJURY OCCURRED		HOW DID IN	IURY OCCUR	?			
(APPROX.)			WHILE WORK						
23.									
I certify that I he	ld on Inquiry 🔲	Inspection X Au	topsy	and that on th	nis bosis, de	eath in my o	pinlon		
resulted from: Na	turol couses X A	ccident Suici	de Hamic	ide 🗌 📗	Undetermine	d monner	]		
			СНІ	EF MEDICAL E	XAMINER [				
ACTUAL // // 2	1.01.5	3	ACCICTA	NT MEDICAL E		T K		DATE SIGN	ED
SIGNATURE 1	Wy W-	M.I	0.			1	8	/12/68	
	lernér U. Spi	tz, M.D.	ASSOCIA	TE MEDICAL E	XAMINER L	1		, 12, 00	
NAME (Type) 24A. BURIAL CREMATION, 24	B. DATE 24	C. NAME of CEMETERY	or CREMATORY	240	LOCATION	(City, town,	or county)	(State	e)
REMOVAL (Specify)	24	C. HAME OF CEMETER	J. CHEMATORI				5. 55611177	(5.0)	
Burial	8/14/68	Baltimore Cer	metery	I	3altimor	e Md.			
25A. DATE REC'D AN NEALTH D	EPT 258. NAME	OF REGISTRAR		ERAL DIRECTO	OR	AI	DRESS		
and To	1968 Res	5 E, farlyns	U- 0	ook-Broo	alco Tax	1217	St 1	Paul S	t.
			WIII. C	OOK -DIO	JKS, III	· · · · · /	50.		

TENSON VERNERAL IN THE 

- Strange Line ( Section ) and Charles and Charles



JA 2/43 Hepate factors + 1 - 111 Metalitate Commong & with am Ilian Frankley Johns Hopkins House Bait on the Jeffrey D. Neill M.D.

BALTIMORE CITY HEALTH DEPARTMENT

VS 150-REV. 1/1/6B

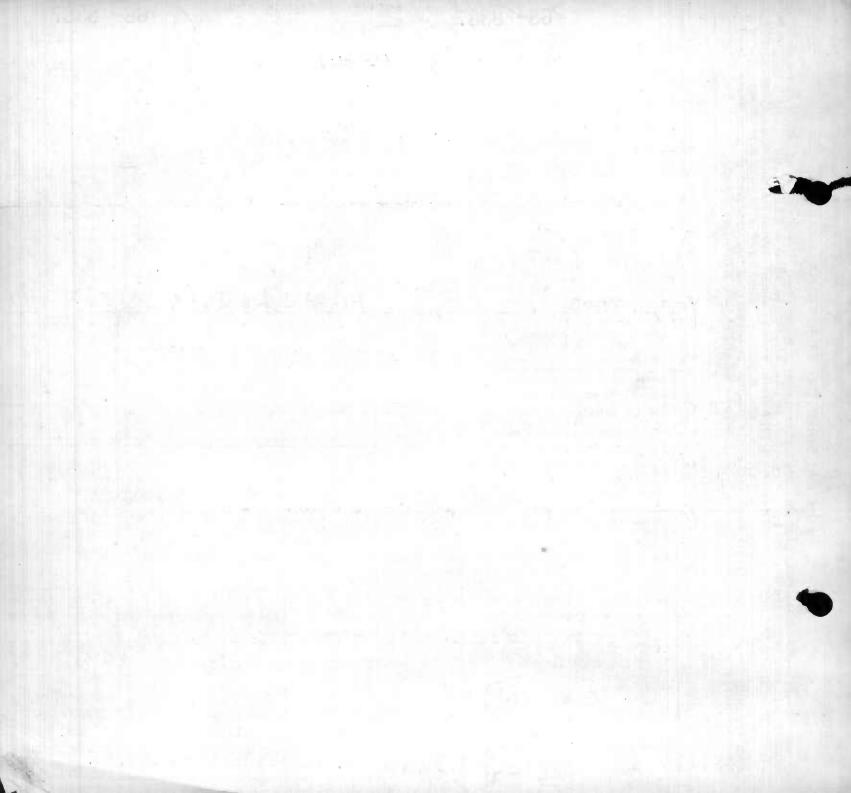
Md.

NO

Hours

If Under 24 Hrs.

ADDRESS



VS 150-REV. 1/1/68

1348 Kelson Funeral Home

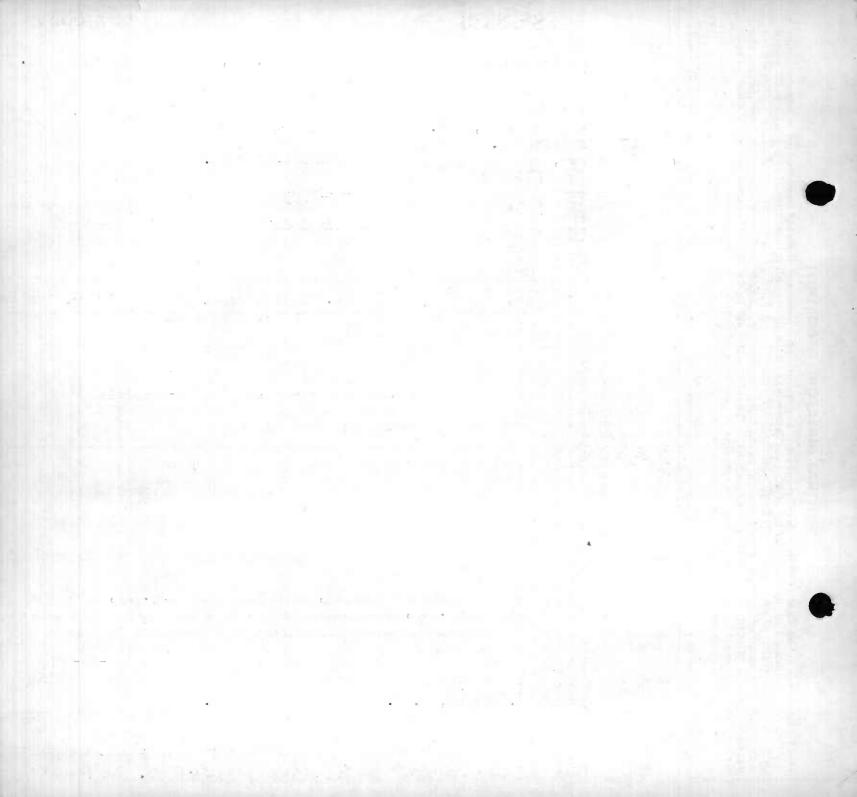


VS 150-REV. 1/1/6B

BALTIMORE CITY HEALTH DEPARTMENT

68-8339

BIRTH NO.	ALE OF DEATH	
1, NAME OF DECEASED (Type or Print)	2. DATE AND HOUR OF DEATH	
Crisstella Woods	Aug. 13, 1968 4:40	a. N
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before of A. STATE  B. COUNTY	mission)
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	Maryland	-
INSTITUTION	C. CITY OR TOWN D. INSIDE CITY (IMITS?	10
Provident Hospital, Inc.	Baltimore YEA NO	1
39 1514 Division St.	E. STREET AND NUMBER	
Baltimore, Maryland 21217	1601 Bakebury Ct.	
5. SEX 6. RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH  9. AGE (In years If Under 1 Yr. If Under lost birthdoy)  Months: Doys Hours	24 Hrs.
Female Negro WIDOWED X DIVORCED	8-8-1903 65	
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired)	Y 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT CO	OUNTRY
gone during most of working life, even it retired	Virginia USA	
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	17
Henry Carlin		
	May	
5. Was Deceased Ever in U. S. Armed Forces? Yes, no arunknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS	
No ,	Mrs. Estella Jones (Friend) 504 Fulto	on A
18. CAUSE OF DEAT	TH APPROXIMATE INT	
DISEASE OR CONDITION DIRECTLY		DUEATH
LEADING TO DEATH	Hypertensive Arteriosclerotic	
	S A CONSEQUENCE OF: Heart Disease	
injury or complication which caused death.)	near o Disease	
ANTECEDENT CAUSES Pulmor	nary Congestion with Pneumonitis	
DISEASES OR CONDITIONS, il any, giving DUE TO, OR AS	S A CONSEQUENCE OF:	
rise to the obove couse (A) stoting the UNDERLYING CONDITION lost.	atic Heart Disease	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
TO THE DEATH BUT NOT RELATED TO THE TERMINAL	***************************************	
DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED	
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING 7 21B. PLACE OF INJURY (e.g., i	No IN CERTIFYING CAUSES OF DEATH?	
	in or about 21 C. WHERE DID (If in Boltimore City, give exact location)	
▼ DEATH (notify medical examine) etc.)	Strice bldg., INJURT OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
▼ (ABBROY) While At Not Whil	ile 🗖	
Work At Work		
22. I certify that (I) (this hospital) attended the deceased fram Ul	70	
that (I) (we) lost sow the deceosed olive an Aug. 13, 196	ond that In(my) (our) opinion death occurred on t	he dot
and hour and from the causes stated above. (1) (We) (did) (did not)	view the body ofter death.	
23A. SIGNATURE	23B. DATE SIGNED	
Water Bear Man. Oh.	tending Med. Stoff A 8-13-68	
	23D. ADDRESS	
NAME (Type)	157/2 Division St	
Raymundo R. Corpuz, M. D. GEGREE	1514 Division St.	
24A. BURIAL CREMATION, REMOVAL (Specify) 24B. DATE 24C. NAME of CEMETERY of CR		(Stote)
Burial 8/16/68 Mt Auburn	Baltimore, Maryland	
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR RELSON 7 west DORESO	~L
TALLE 1 5 1068 NO A- & Freduction	9/12 00 1848 W 2-00	1+



BIRTH NO

(Type or Print) HALLIE

FULL NAME OF

OR INSTITUTION

female

9. DATE OF BIRTH

HOSPITAL

6. SEX

CATION

CERTIFI

MEDI

22A.

1. NAME OF DECEASED

68- 8340 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH 2. DATE Known X Month Hour OF 5:20 A. HO9StON NC TON Estimated August 12. 1968 DEATH 4. PLACE IN BALTIMORE, MARKLAND, WHERE PRONOUNCED DEAD DATE Month Year Haur PRONOUNCED DEAD (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET 12. 1968 5:20 A. August ADDRESS OR LOCATION) 5. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE Maryland B. COUNTY 2613 Frederick Avenue 7. RACE C. CITY OR TOWN INSIDE CITY LIMITS 8. MARRIED X NEVER MARRIED Baltimore white WIDOWED YES X DIVORCED NO If Under 1 Yr. If Under 24 Hrs. E. STREET AND NUMBER 10. AGE (In years last birthday) 2613 Frederick Avenue 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF 13. FATHER'S NAME WHAT COUNTRY? WEST VIRGINIA 1AM 14A.USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTRY 15. MOTHER'S MAIDEN NAME dane during most of working life, even if retired) 16. WAS DECEASED EVER IN U.S. ARMED FORCES? 18. INFORMANT ADDRESS SOCIAL (Yes, na ar unknown)(If yes, give war ar dates of service) SECURITY NO APPROXIMATE INTERVAL CAUSE OF DEATH BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY Hypertensive Cardiovascular Disease LEADING TO DEATH (A)IMMEDIATE CAUSE (This does not mean the mode of dying, e.g., heart foilure, osthenia, etc. It means the disease, DUE TO, OR AS A CONSEQUENCE OF: Injury or complication which coused death.) **ANTECEDENT CAUSES** DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)... OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL CIVEN IN PART 1 (A). 20 A. DATE OF OPERATION | 208. CONDITION FOR WHICH OPERATION WAS PERFORMED 21. AUTOPSY? (Yes or No) 22B. PLACE OF INJURY (e.g., in ar obout 22C. WHERE DID (If in Boltimare City, give exact lacation) home, farm, factory, street, affice bldg., etc.) INJURY OCCUR? EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB-

UTING LI CAUSE OF DEATH.			
22D. TIME (Month) (Day) (Year) DF INJURY	(Haur) 22E.INJURY OCCURRED	22F. HOW DID INJURY OCCUR?	
(APPROX.)	m. WHILE AT NOT WHILE AT WORK		
3.			
I certify that I held an Inc	quiry Inspection X Autopsy	and that an this basis, death in my aplniar	n
resulted from: Natural cause	es X Accident Suicide	Hamicide Undetermined manner	
la an.	15	CHIEF MEDICAL EXAMINER	DATE CICALED
ACTUAL 11/19/10	12/200	ASSISTANT MEDICAL EXAMINER	DATE SIGNED

SIGNATURE THE **EXAMINER'S** Werner U. Spi tz, M.D. NAME (Type)

ASSOCIATE MEDICAL EXAMINER

8/12/68

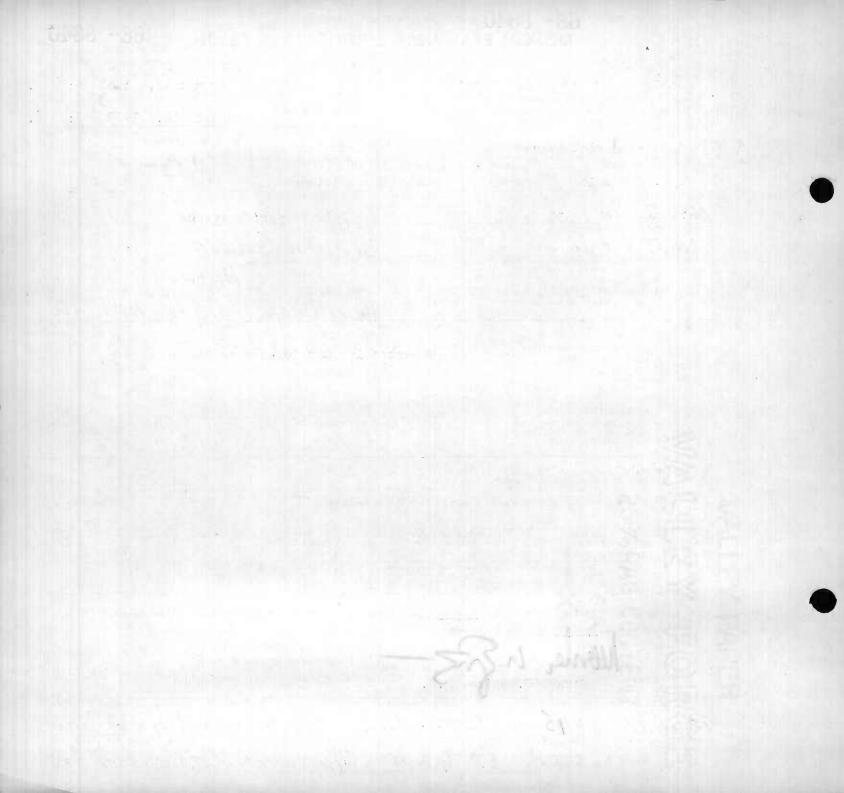
24A. BURIAL CREMATION. 24B. DATE REMOVAL (Specify) DURIA

24C. NAME of CEMETERY or CREMATORY

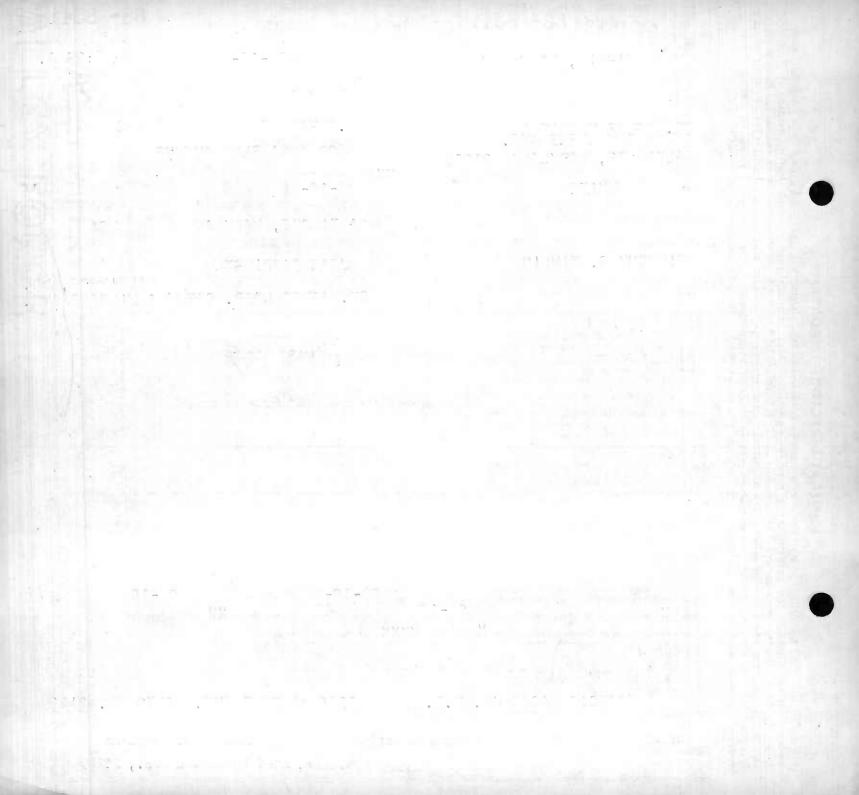
24D. LOCATION (City, town, or county)

25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS

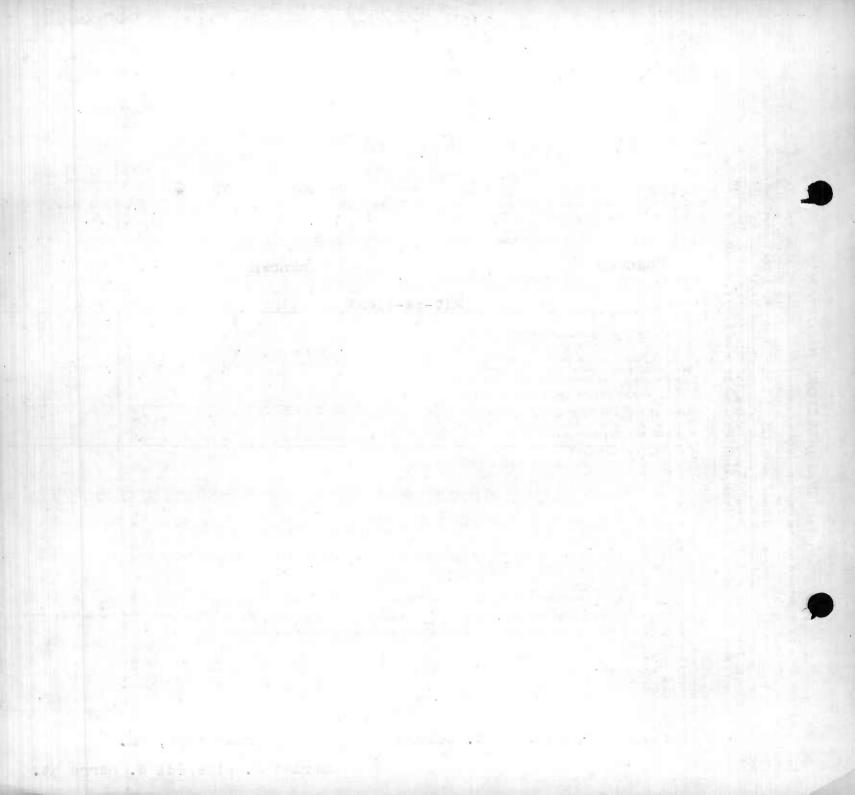
VS 151-REV, 1/1/68

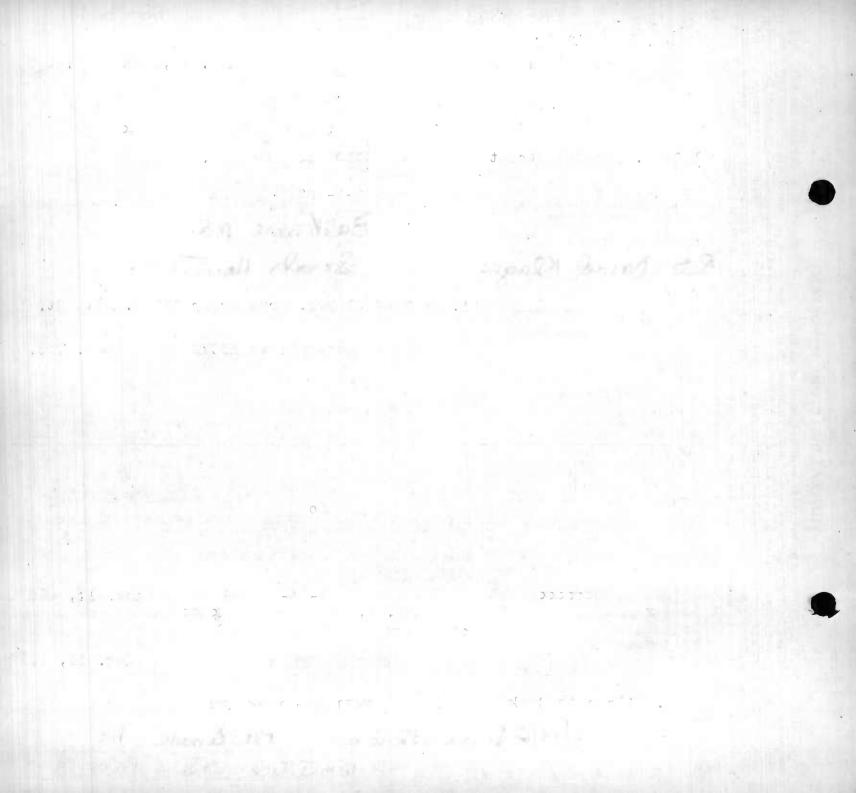


VS 150-REV. 1/1/68



VS 150-REV. 1/1/6B

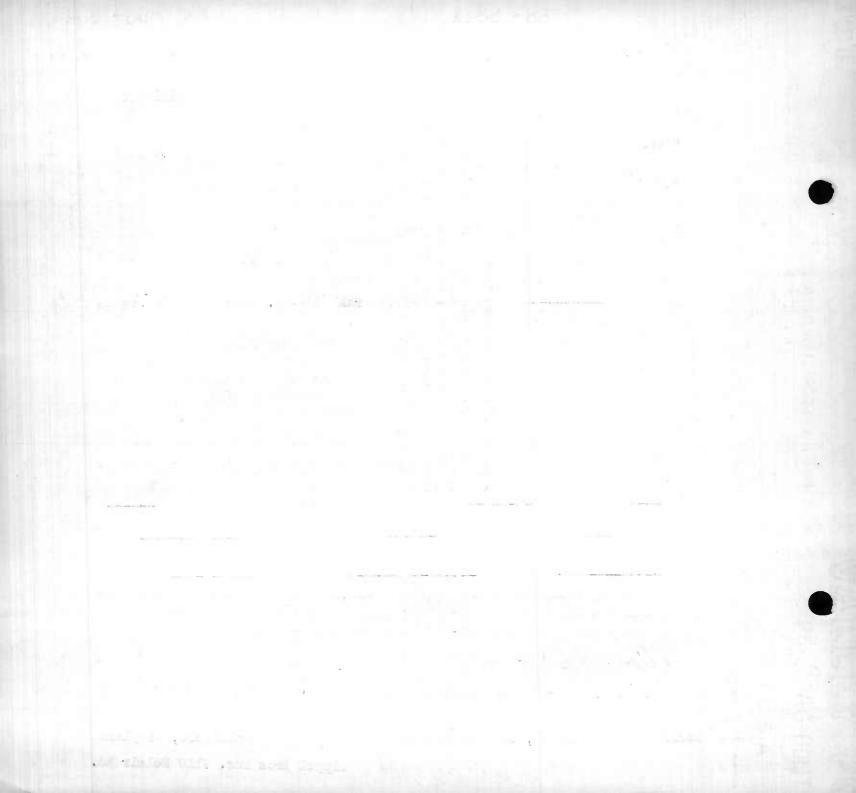




DIRECTOR:

FUNERAL

VS 150-REV. 1/1/6B



DIRECTOR:

FUNERAL

Middenin Howerhouse -Thromboukopena, Grammag. sapsis + Acute remarkanting Guillain Game Syndrone 6 1 Gullen Benesendere Yes 16. 813 om low Prendly Jeffrey D. Heill MD. 1-520

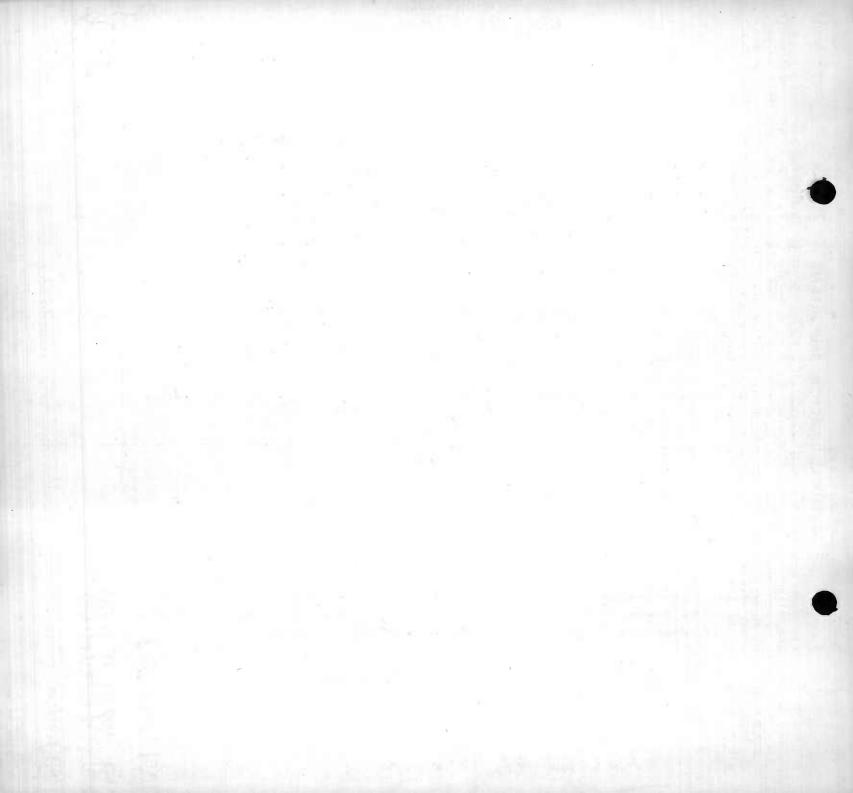
MEDICAL EXAMINER'S	CERTIFICATE OF DEATH
BIRTH NO.	REG. NO.
I. NAME OF DEGEASED OW	2. DATE Known X Manth Doy Year Haur
BARTON JONES JR.	OF DEATH Estimoted 0 8 14 68 4:00 a.m.
ERTIFICA TIESPAM FILINGESTA	3. DATE Month Doy Yeor Haur PRONOUNCED DEAD
I OR INSTITUTION	August 14 1968 4:00 am.  5. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)
City Hospital D.O.A. 8/28/68	A. STATE B. COUNTY Maryland
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?
Male White WIDOWED DIVORCED	Balto.
9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs. Sept. 2, 1925 Institution of the sept. 2, 1925 Institution of the sept. 2 Institution of the sept. 3 Institution of	6820 Banks St.
11. BIRTHPLACE(State or fareign cauntry) 12. CITIZEN OF	13. FATHER'S NAME
North Carolina WHAT COUNTRY?	Bartow Jones Sr.
14A.USUAL OCCUPATION (Give kind of work) dane during most of working life, even if retired) Loader  Koesters Bakery	Y 15. MOTHER'S MAIDEN NAME
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 117. SOCIAL	18. INFORMANT ADDRESS 21219
(Yes, na ar unknown) (If yes, give wor or dates of service) 241-22-9815	Mrs. Joanne Justice Route 10, Box 48B, Md.
19. CAUSE OF DEA	
000011	BETWEEN ONSET AND DEATH
	erotic cardiovascular disease
LEADING TO DEATH  (A)IMMEDIATE  (This does not mean the mode of dying, e.g.,	
heart failure, asthenio, etc. It means the disease,	AS A CONSEQUENCE OF:
Injury or camplication which coused death.)  Diab	etes Mellitus
ANTECEDENT CAUSES (8)	
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO, OR	AS A CONSEQUENCE OF:
INDERIVING CONDITION LAST	
(c)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISE ASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION   20B. CONDITION FOR WHICH OPERATION W	
DISEASE OR CONDITION GIVEN IN PART 1 (A).	ALC PERSONALED
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	AS PERFORMED 21. AUTOPSY? (Yes ar No)
	YES
228. PLACE OF INJURY(e.g. home, farm, factory, street, affi	th ar about 22C. WHERE DID (if in Baltimare City, give exact location) in DIRY OCCUR?
22D. TIME (Manth) (Doy) (Year) (Haur) 22E.INJURY OCCURRED OF INJURY	22F. HOW DID INJURY OCCUR?
(APPROX)	WORK
23.	TOTAL COLOR
I certify that I held on Inquiry Inspection A	ond that on this basis, death in my opinion
	de Homicide Undetermined monner
	CHIEF MEDICAL EXAMINER
ACTUAL SALES A MORE	DATE SIGNED
SIGNATURE M.	
EXAMINER'S	ASSOCIATE MEDICAL EXAMINER
NAME (Type) Edward F. Wilson, M.D.  24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY	or CREMATORY 24D. LOCATION (City, town, or county) (Stote)
REMOVAL (Specify)	
Burial 8-17-1968 Loudon Park	Baltimore, Maryland
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
AUG 15 1968 Robert E. Ferhagen	Lilly & Zeiler Inc. 1901-07 Eastern Ave.

Letter from atty.re error in given name of deceased-Father's name correct on cert.

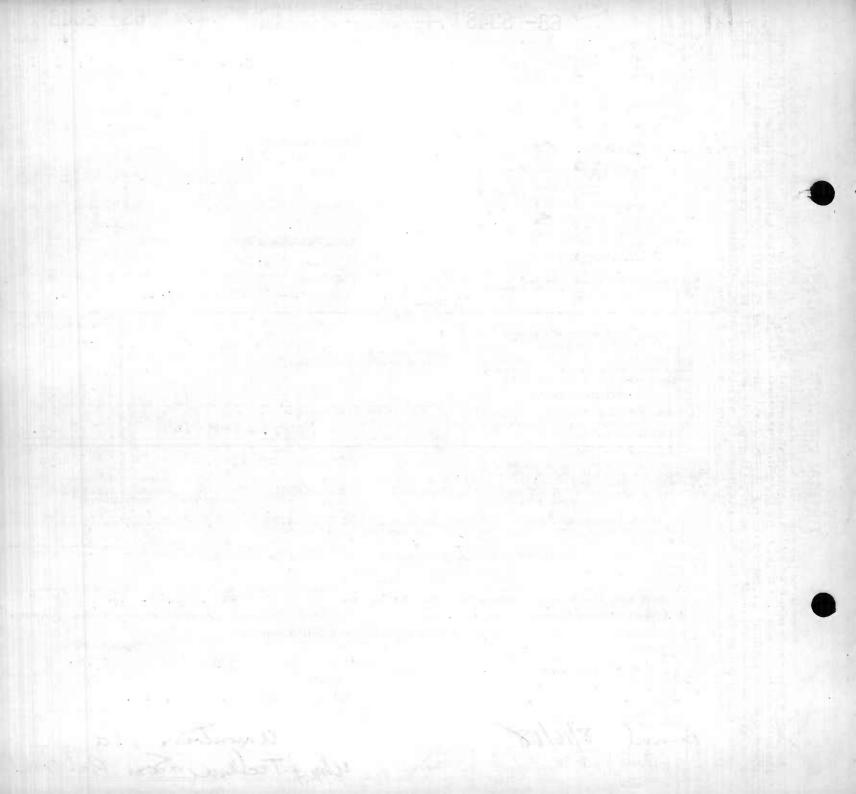
DIRECTOR:

FUNERAL

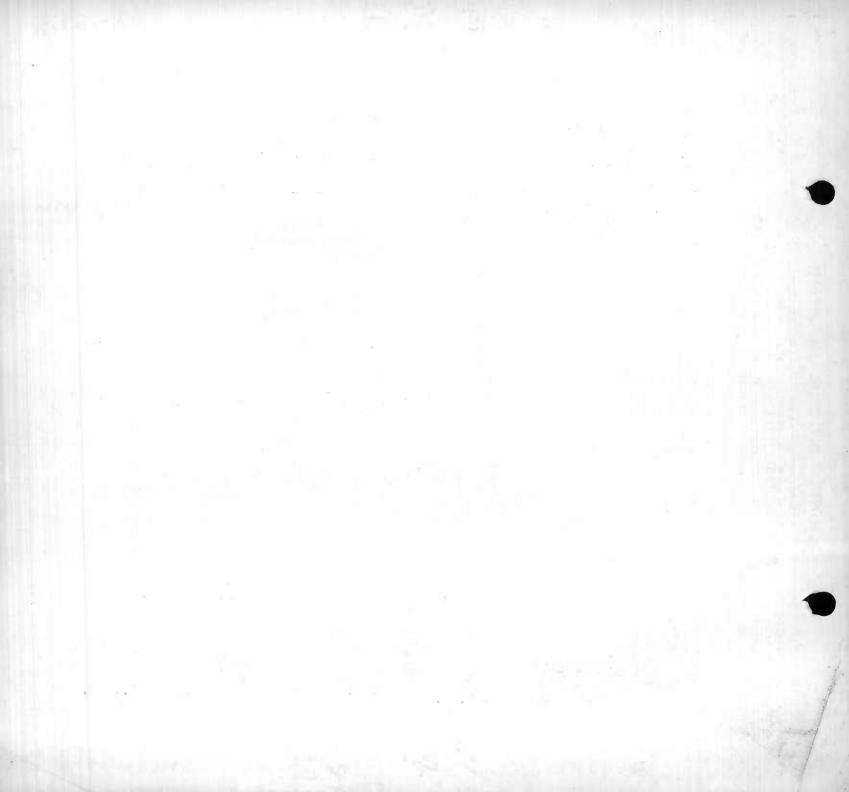
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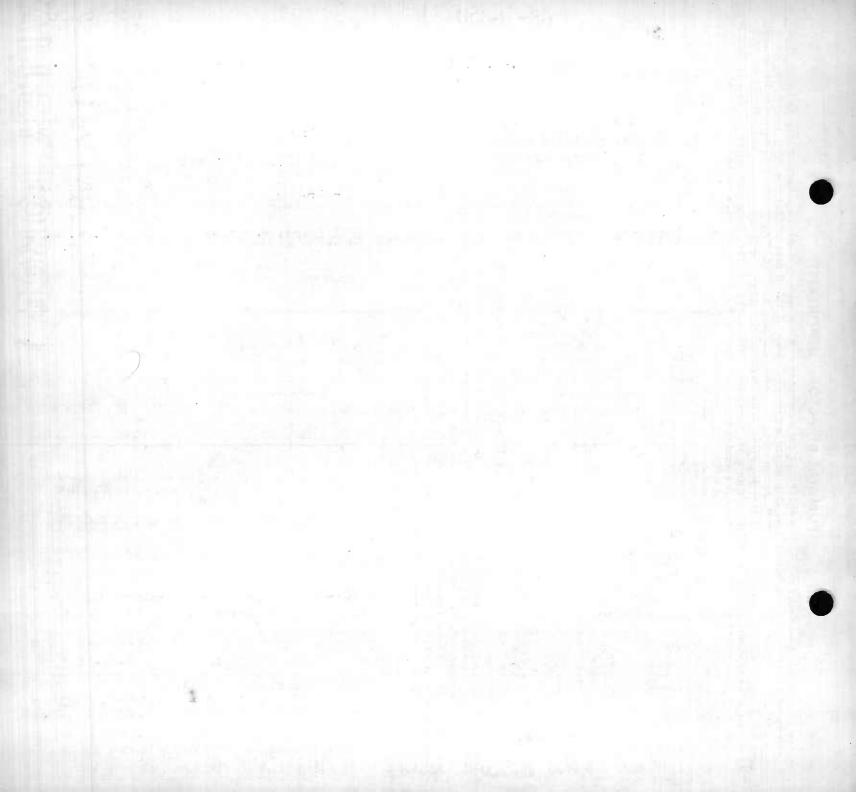
VS 150-REV. 1/1/6B



VS 150-REV. 1/1/68



00.5	250 BALTIMORE CITY	HEALTH DEPARTMENT		68-8350 4
BIRTH NO. 68-13286 68- 8	CERTIFICA	TE OF DEATH	REG. NO	00 0000 1
T.NAME OF DECEASED  Type or Print)  Pratt, B.	Aby Box		7-20-68	18:40 p.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRO	ONOUNCED DEAD	4. USUAL RESIDENCE (WHA. STATE B. COU		institution; residence before odmission
FULL NAME OF (IF NOT IN HOSPITAL OR IN HOSPITAL OR ADDRESS OR LOGATION)	ISTITUTION, GIVE STREET	Maryland	11	-04
NSTITUTION		C. CITY OR TOWN	D. N	SIDE CITYLIMITS?
Prevident Hespital		Baltimere		YES NO
3   1514 Division Street Baltimere, Maryland		E. STREET AND NUMBER		
		1208 MCCull	9. AGE (In years	I ff Under 1 Yr. , If Under 24 Hr.
26.3	RIED NEVER MARRIED X	7-20-68	lost birthdoy	Months Doys Hours Min.
OA. USUAL OCCUPATION (Give kind of work 10 B. KIN	D OF BUSINESS OR INDUSTRY		reign country)	12. CITIZEN OF WHAT COUNTR
Ione during most of working life, even if retired)				
Unempleyed 3. FATHER'S NAME		Baltimore, Ma 14. MOTHER'S MAIDEN N	ame	U. S. A.
Ernest Pratt	11 / 20 01 11		Fletcher	A 0 0 0 0 0 0
S.Was Deceosed Ever in U. S. Armed Forces? Yes,no or unknown) (If yes, give wor or dotes of serv	ice) 16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
18.0289	CAUSE OF DEATI	1 1		APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY		"		BETWEEN ONSET AND DEAT
LEADING TO DEATH	(A) IMMEDIATE CAU	The	mymy	
(This daes not mean the made of dying,	e.g., DUE TO, OR AS	A CONSEQUENCE OF:		
hearl failure, osthenia, etc. It means the disc injury or complication which caused death.)	agse,	01 -	0	P
ANTECEDENT CAUSES		ntrantermi	1 refect	m
DISEASES OR CONDITIONS, if any, gi	ving DUE TO, OR AS	A CONSEQUENCE OF:		
rise to the above cause (A) slating	The			
UNDERLYING CONDITION last.	(C)			
Z OTHER SIGNIFICANT CONDITIONS CONTRIBUTION	NC			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS CONTRIBUTIONS TO THE TERMINATION OF THE TERMIN				
DISEASE OR CONDITION GIVEN IN PART 1 (A).	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or	TO 208. IF YES, WER	E FINDINGS CONSIDERED
WAS PERFORMED		1/5	IN CERTIFYING C	E FINDINGS CONSIDERED AUSES OF DEATH?
OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., i	n or obout 210. WHERE DID fice bldg., INJURY OCCUR?	(If in Boltim	ore City, give exoct location)
DEATH (notify medical examiner)	etc.)			
OF INJURY (Month) (Doy) (Year) (Hour)	21E, INJURY OCCURRED	21F. HOW DID IN	IJURY OCCUR?	
(APPROX.)	While At Not While At Work			
22. I certify that (I) (this haspital) attend	led the deceased fram	7-20-68	19	<b>-20-68</b> 19
that (I) (we) last saw the deceased alive	00 00	19and s		plnian death accurred an the da
and have and from the causes stated above				The second secon
23A. SIGNATURE	ve. (1) (me) (ala) (ala nat) v	iew the budy after death	• •	23 B. DATE SIGNED
1/0×10100	Atte	nding Med.	Staff 😨	7-20-68
or Junes	DEGREE Phys	. Director	Staff Phys.	
23C. PHYSICIAN'S NAME (Type)	ND	23D. ADDRESS Provide	nt Hespital	7 1-4
M. G. Iviercad	DEGREE	TOTALLATATE	Street Ba	
REMOVAL (Specify)	IC. NAME of CEMETERY of CRE	MATORY 124DT	COCATION	City, town, or county) (Stote)
8-13-60		UNIVERS	IIA WEDI	CAL SCHOOL
	ME OF REGISTRAR	25C. FUNERAL DIRECTO	DV CEDVI	CE RCHN
AUG 15 1968 (2.e.	ut E, Tabley MA	FUNUKIUA	KI SEKVI	CE - DCIII
'S 1SO-REV. 1/1/68				

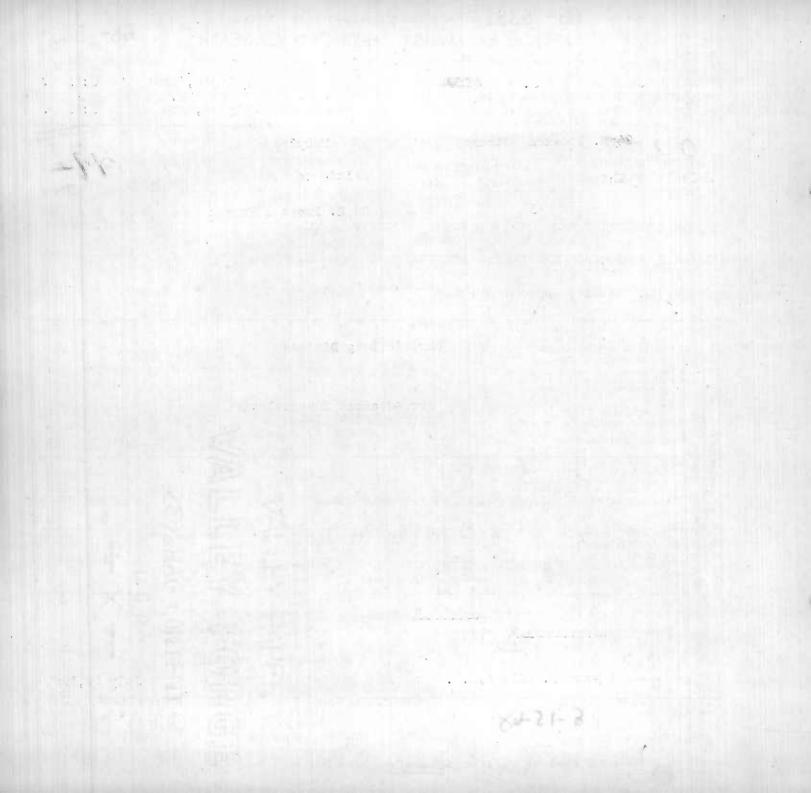


5-360

MEDICAL	EXAMINER'S	CERTIFICATE	OF DEATH.

68-	8351
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BIRTH NO.		771201	C/ (L L/			TO THE O		REG. NO.			
1. NAME OF DEC				aman .	2. DATE OF	Known 🔲	Month	Doy	Yeor	Hour	D
	JOHN			STYER	DEATH	Estimoted [		28,1968			P. M.
4. PLACE IN BAL FULL NAME OF HOSPITAL	(IF NOT		OR INSTITUTION	ON, GIVE STREET	3. DATE PRONG	DUNCED DEAD	July	28,1968	Yeor	5:25	P. M.
OR INSTITUTION	24 E.	Prestor	n Stre	eet	5. USUAL A. STATE	RESIDENCE (Wh Maryland		B. COUNTY	: residenc	e before odn	ission)
6. SEX	7. RACE	8.	MARRIED [	NEVER MARRIED	C. CITY O	RTOWN		D. INSIDE CI	TY-LIMIT	mal	1
Male	White	2 v	VIDOWED	DIVORCED .		imore		1 Ly	Es 🗆	NO 🗆	
9. DATE OF BIRTI	-i	10. AGE (In yo lost birthdoy)	8 If Ur Mont	nder 1 Yr. If Under 24 Hrs. hs 1 Doys 1 Hours 1 Min.		• Prestor	n Stree	et		/	
11. BIRTHPLACE (S	itote or loreign	n country)		VHAT COUNTRY?	13. FATHE	R'S NAME					
14A.USUAL OCCU			KIND OF	BUSINESS OR INDUSTR	15. MOTH	ER'S MAIDEN N	IA ME				
16. WAS DECEAS (Yes, no or unknown)	ED EVER IN U	J.S. ARMED F or or dotes of	ORCES?	17. SOCIAL SECURITY NO.	IB. INFO	RMANT		A	DDRESS		
19.011	21			CAUSE OF DEA	TH					APPROXIMATE	
		TION DIRECTI	LY	Chronic	Lung	Disease					
	LEADING TO	DEATH mode of dying	4.0	(A)IMMEDIATE		August of					
heort foilure	, osthenio, etc.	It meons the di	seose,	DUE TO, OK	AS A CONSE	QUENCE OF:					
			1	Far Ad	vancod	Tubercu]	ooia				
	VIECEDENT (		MINIC	(B)		EQUENCE OF:	.0515				
UNDERLYIN	ABOVE CAL	DNS, IF ANY, G ISE (A) STATIN DN LAST.	IG THE			Legoznos on					
No No No	,			(C)						ay diga giranga min nja diginilanga min digina min di di	
O THE DEA	ATH BUT NOT	II DITIONS CON RELATED TO TH GIVEN IN PART	E TERMINAL	******************							in side on de deside de distribuit d
20A. DATE OF		_	-	WHICH OPERATION W	AS PERFOR	MED			21. AU	TOPSY? (Ye	s or No)
0										no	
UNDERLYING		RIB-	228. F home	PLACE OF INJURY(e.g., form, foctory, street, office	in or obout e bldg., etc.)	22C. WHERE DI	D (If in Boltin	more City, give exc	oct location	n)	
		Oy) (Yeor)	(Hour) 2	ZE.INJURY OCCURRED		22F. HOW DID	INJURY OC	CUR?			
OF INJURY (APPROX.)					WHILE						
23.					VORK						
I cert	ify that I he	eld on Inq	uiry .	Inspection X Au	topsy	ond that or	this bosi	s, deoth in my	opinion		
resul	red fram: No	atural couse	SXA	ccident Suicio	de 🗌 🕒 l			mined monner			
ACTUAL SIGNATI	"Ell	Snow	91	Ise M.	AS	CHIEF MEDICA				DATE SIG	SNED
EXAMIN NAME (1	ER'S Edw	ard F.	Wilson			OCIATE MEDICA	LEXAMINE	ROARD	Jul:	y 29,19	968
24A. BURIAL CREA	MATION, 2	48. DATE 8-15	-6× 24	C. NAME of CEMETERY	or CREMA	UNIVE	RSITY	MFDI	A I	SCHO	OI OI
25A. DATE REC'D	BY HEALTH D	EPT.	258. NAME	OF REGISTRAR	25C	FUNERAL DIRE	CTOR	ATACOTO	DDRESS	SCIII	VL.
	AUG 18		R.D. F	E. Falluna		MORTUA	DAT .	ERVICE	- F	BCHD	
VS 151-REV, 1/1/68					1 0						1



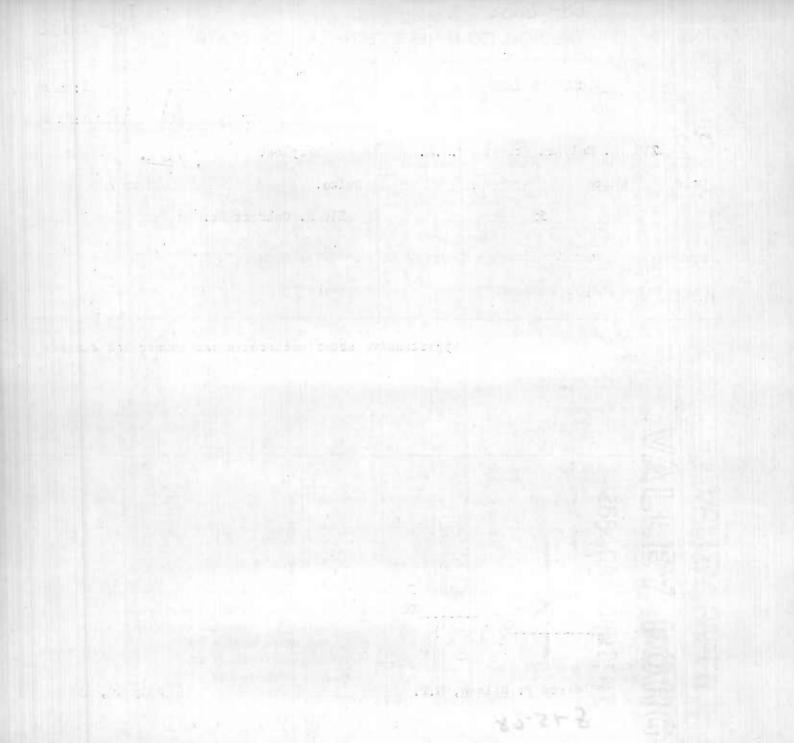
R-100

68-8352 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EVAMINED'S CEDTIFICATE OF DEATH

68-	8352
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BIRTH NO.		MEL	ICAL	CX	AMIINEK 3	CEKIIFI	CATE OF	DEA	REG. NO		
1. NAME OF	DECEASED					2. DATE	Known 🏌	Month	Doy	Yeor	Hour
(Type or Print)		CLINTO	N PAT	σp		OF DEATH	Estimoted 🗆	7	14	68	1 05
4. PLACE IN	BALTIMORE, MA				NCED DEAD	3. DATE		Month	Doy	Yeor	Hour M.
FULL NAME OF	F (IF NO	TIN HOSPIT	AL OR INST	OITUTI	N, GIVE STREET	PRONO	UNCED DEAD	Y 1	1/	1000	1 05
HOSPITAL OR INSTITUTIO	N ADDRE	SS OR LOCA	(IION)			5. USUAL R	ESIDENCE (Whe	July	14 lived. If tostitution		1 · 35 a M.
00.						A. STATE			B. COUNTY		, , , , , , , , , , , , , , , , , , , ,
6. SEX	210 N. C	Calvert			D.O.A.	C. CITY OF	Maryland	1	D. IN SIDE C	TEM-IIIAMICA.	
	/. KACE				NEVER MARRIED	C. CIII OR	101111		It		/_
Male	White		WIDOW		DIVORCED	Balt			١	ES TEST	NO L
9. DATE OF E	вікін	lost birthdo			er 1 Yr. If Under 24 Hrs. Doys : Hours : Min.	E. SIKEEI	AND NUMBER				
			5				O N. Calv	vert St			
11. BIRTHPLAC	CE (State or foreig	n country)			IZEN OF IAT COUNTRY?	13. FATHER	'S NAME				
	CCUPATION (Giv st of working life, ev		14B. KIND	OF BU	SINESS OR INDUSTR	Y 15. MOTHE	R'S MAIDEN NA	AME			
16. WAS DECI	EASED EVER IN	U.S. ARMEI	FORCES	? 1:	7. SOCIAL SECURITY NO.	18. INFOR	TNAM		A	ADDRESS	
(100,11001011111	(ii yes, give	TOT OF GOICE	01 301 1100		SEGORITI TO:						
19.	10 21				CAUSE OF DEA	TH					PROXIMATE INTERVAL
Die	EASE OR COND	ITION DIDE	CTLV		Hypertens	ivo ort	orionalor	otio o	owd: orro		
013	LEADING TO		CIEI				erroscier	OLIC C	arurova	scurar	arsease
	es not mean the				DUE TO, OR	AS A CONSEC	UENCE OF:				AR 0040 0 40 0 00 PRESCO 00 00 00 00 00 00 00 00 00 00 00 00 00
	ilure, osthenio, etc r complication whi										
DISEAS	ANTECEDENT		V CIVING		(B)	AS A CONSE	OUENCE OF:				
RISE TO	THE ABOVE CA	USE (A) STA	TING THE		002 10, 0		doring or.				
Z	RLYING CONDIT	ION LASI.			(C)						
F44:	3 /	II									
	SIGNIFICANT COL										
DISEASI	E OR CONDITION										
ZUA. DAT	E OF OPERATION	1 208. CO	NDITION	FOR W	HICH OPERATION W	AS PERFORM	VED			21. AUTO	PSY? (Yes or No)
	EL HI		5 77								No
	TERNAL CAUSE  ING□OR CON			22B. PL/ home, fe	ACE OF INJURY(e.g., orm, factory, street, offi	in or obout :	22C. WHERE DID NJURY OCCUR?	(If in Boltim	ore City, give ex	(oct location)	
	CAUSE OF DEA										
≥ 22D. TIM OF INJUR		Ooy) (Yeo	r) (Hour		INJURY OCCURRED		22F. HOW DID II	NJURY OC	CUR?		
(APPROX.)				m. WHI		VORK					
23.											
1.	certify that I h	eld an I	nquiry L	_	nspection XX Au	tapsy 📙	and that on	this basis	, death in my	apinion	
re	sulted from N	latural cau	ses XX	Acc	ident Suici	de 🗌 H	omicide 🔲		ined manner		
			11	17	1/1-		CHIEF MEDICAL	EXAMINER			DATE SIGNED
ACTI	VATUR	would	e T	V	V Storm	ASS	STANT MEDICAL	EXAMINER	kx:		DATE SIGNED
	MINER'S					ASSO	CIATE MEDICAL	EXAMINER			
		Edward	F. W	ilsc	on, M.D.		ANATO	MYB	DARDI	11y 14.	1968 1
24A. BURIAL (S	CREMATION,	24B DATE			NAME of CEMETERY	or CREMATO	DRY 24L	LOCATIO	V (City, tow	vn, or county)	(Stote)
KEMIOVAL (3	phecil A)	8-15	5-68	7			UNIVE	RSITV	MEDI	CAL	SCHOOL
25A. DATE RE	C'D BY HEALTH	DEPT.			F REGISTRAR	25C.	FUNERAL DIREC	TOR	HILLDI	ADDRESS	20110013
				0.0	10 T	2	MODTI	LADW	CEDVI	CE	RCHD
	AU	G151	ADK (	10. U.	IT Z. ATTLE	Aug La S	WILLIAM	JANI	SERVI	UL -	DOILD



NO

Hours !

APPROXIMATE INTERVAL

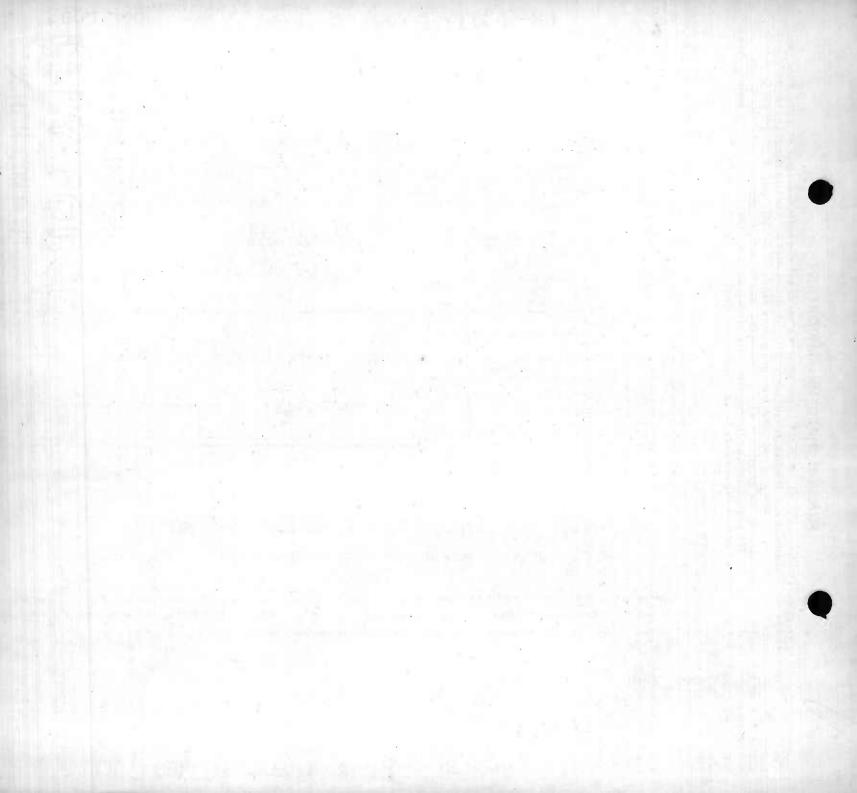
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BETWEEN ONSET AND DEATH

Days

ADDRESS

If Under 24 Hrs. Hours i Min.



VS 150-REV. 17

Charles Later speaks well at 6/1/63 " ... 1/2" V 2/7 Cardia Exoperatory and tinter. Andrew Sun Mr. Share Manager Harper

4. USUAL RESIDENCE (Where deceased lived. If institution: residence D. INSIDE CITY LIMITS? NO X YES XXXXXXXXXXXXXX 3506 Abbie Place If Under 1 Yr. If Under 24 His. Months! Doys Hours! Min. 12, CITIZEN OF WHAT COUNTRY? U.S.A ADDRESS Zeno W. Muhl-6813 Yataruba Drive APPROXIMATE INTERVAL 20B. IF YES, WERE FINDINGS CONSIDERED (If In Boltimore City, give exact location) that (1) (we) last saw the deceased alive an 9 - 14 - 1969 and that In(my) (aur) apinian death accurred an the date 23B. DATE SIGNED LUTHERAN HOSPITAL OF MARYLAND Baltimore, Maryland Ellsworth Armacost-4600 Liberty Hghts. Av VS 150-REV. 1/1/68

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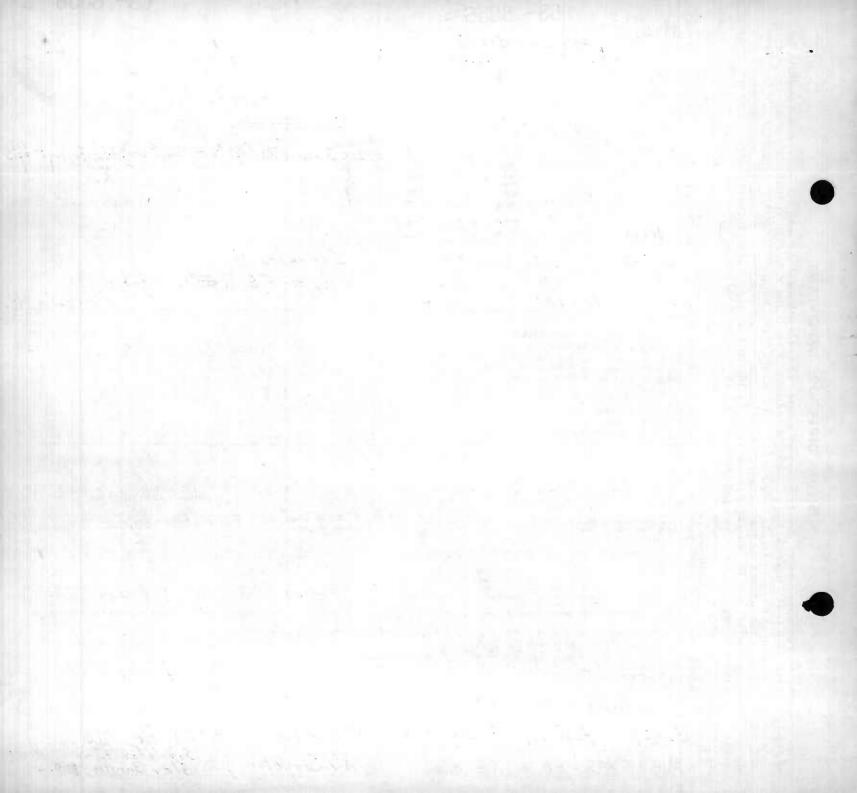
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DIRECTOR:

FUNERAL

VS 150-REV. 1/1/68



BIRTH NO.				ERTIFICATE OF DEATH RE	
NAME OF DECE	ACED			DATE Known Manth	V To
Type or Print)				0.5	Year Haur
RAYMON			HACKETT	DEATH Estimated & August	13, 1968 1:15 P.
	MORE, MARYLAND, V	WHERE PRO	NOUNCED DEAD		Doy Year Hour
ULL NAME OF	(IF NOT IN HOSPIT	AL OR INSTIT	UTION, GIVE STREET	PRONOUNCED DEAD August	13, 1968 1:50 P.
OR INSTITUTION	ADDRESS OR LOCA	AllON)		. USUAL RESIDENCE (Where deceased lived. II	
				. STATE B. CC	UNTY
	Hospital			Maryland	, K
SEX	7. RACE	B. MARRIE	D NEVER MARRIED	. CITY OR TOWN D. IN	VSIDE CITY LIMITS?
male	white	WIDOWE	DIVORCED	Baltimore	YES X NO
DATE OF BIRTH	10. AGE (		If Under 1 Yr. If Under 24 Hrs.	STREET AND NUMBER	YES X NO L
	last hirthda		Months   Doys   Haurs   Min.	, STREET AIRS TROMBER	2
4-12-1	913	00		Victoria Hotel, 704	E. Baltimore St.
1. BIRTHPLACE (Ste	ate ar foreign country)	1:	2. CITIZEN OF	3. FATHER'S NAME	
New Yo	rk		WHAT COUNTRY?	John J. Hackett	
A LISUAL OCCUP	ATION (Give kind al work	114B KIND		S. MOTHER'S MAIDEN NAME	
ane during most of wa	rking lile, even if retired)				
2nd Mate	U. S. Mercha	nt Mar	rine	Anna Hawkins	
. WAS DECEASE	EVER IN U.S. ARME	D FORCES?	17. SOCIAL	B. INFORMANT	ADDRESS
es, no or unknown)	If yes, give war or dates	of service)	SECURITY NO.	Helen H. Seehuser, 76 (	Clen Oake Pd Dan M
110	. 757		Unknown		APPROXIMATE INTERVA
87	1 81		CAUSE OF DEA		BETWEEN ONSET AND DE
DISEASE	OR CONDITION DIRE	CTLY			
	ADING TO DEATH		Fatty A	eration of Liver	
(This does not	mean the made of d	ylng, e.g.,	(A) IMMEDIATE C	A CONSEQUENCE OF:	
DISEASES OF	TECEDENT CAUSES R CONDITIONS, IF AN ABOVE CAUSE (A) STA	Y, GIVING	(B)	A CONSEQUENCE OF:	
DISEASES OF		Y, GIVING ATING THE	(B)	A CONSEQUENCE OF:	
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DISEASES OF RISE TO THE UNDERLYING OTHER SIGNITO TO THE DEAL DISEASE OR CO.  20A. DATE OF DISEASE OR CO.  22A. EXTERN UNDERLYING COF INJURY (APPROX.)  23. I certification of the control	R CONDITIONS, IF AN ABOVE CAUSE (A) STA GOODITION LAST.  I GOODITION LAST.  I GOODITION LAST.  I GOODITION SC CONDITIONS COODITION GIVEN IN POPERATION 20B. COODITION GIVEN IN POPERATION 20B. COODITION (Yeo Condition) (Doy) (Doy) (Doy) (Doy) (Doy) (Doy) (Doy) (Doy)	ONTRIBUTION TO THE TERMINOPART 1 (A).  NOITION FOR (Hour)	DUE TO, OR  (C)	or obaut 22C. WHERE DID (If in Boltimore City Indg., etc.) INJURY OCCUR?  22F. HOW DID INJURY OCCUR?  ALLE DIST ON that on this bosis, deotlers of the control of the contr	Yes  h in my opinion  nonner
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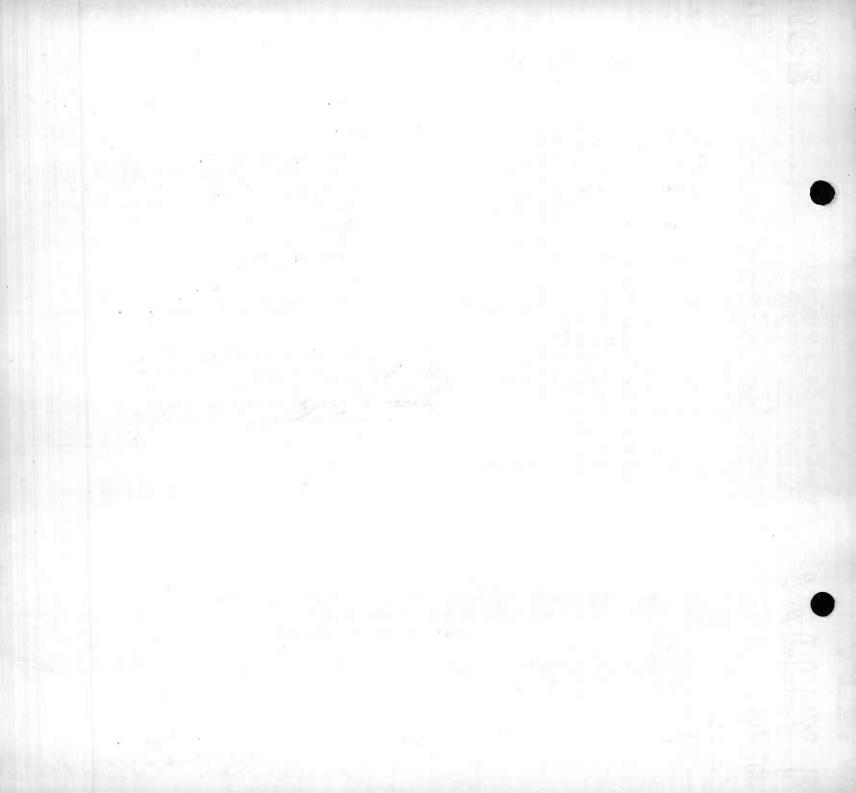
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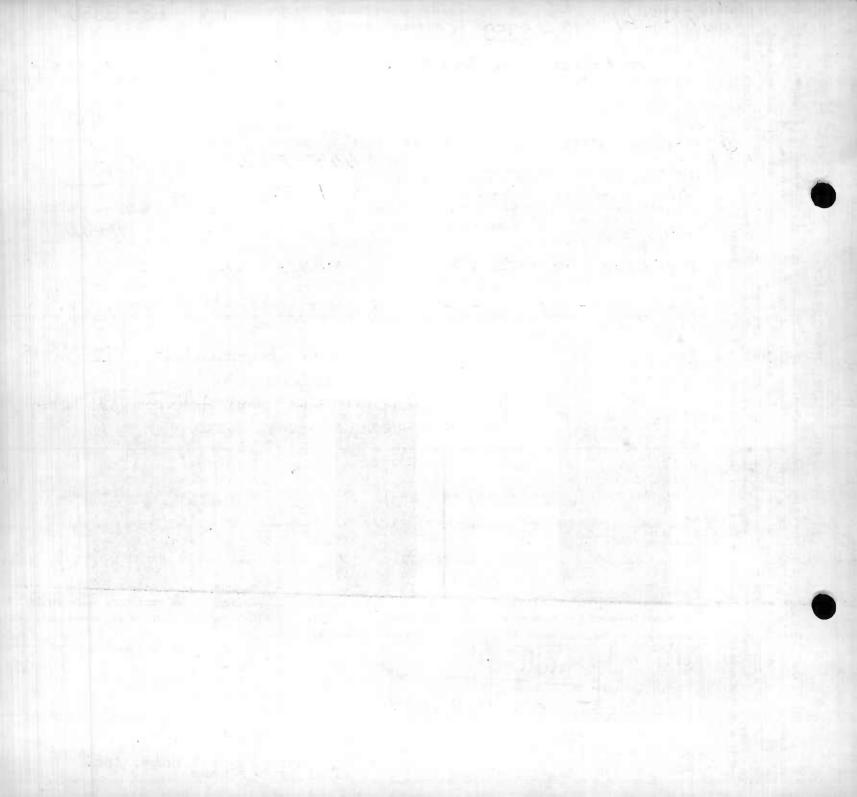
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VS 150-REV. 1/1/68

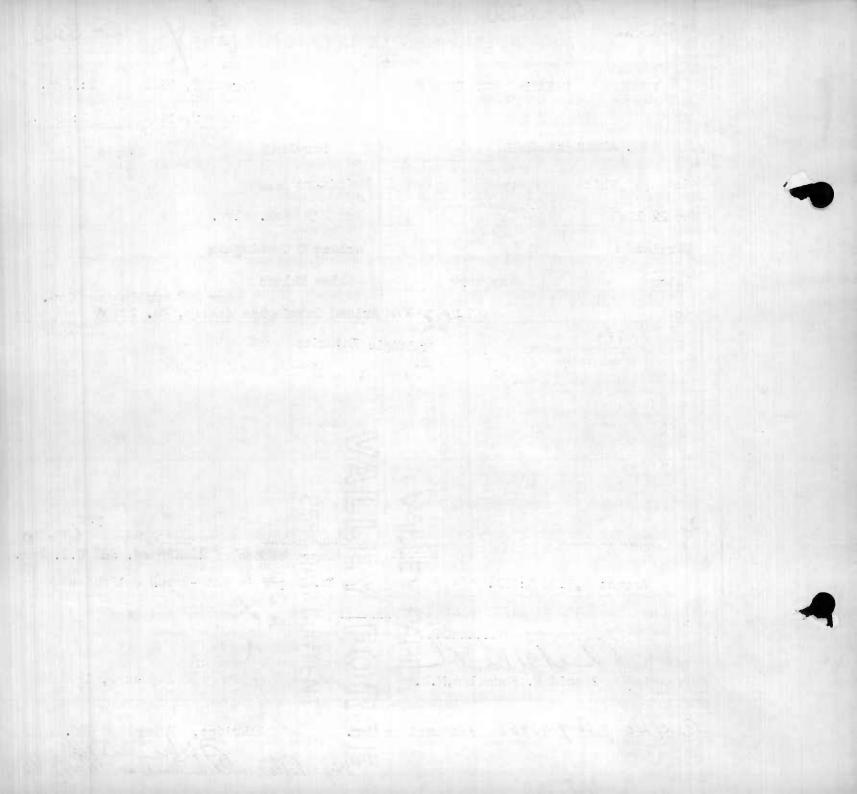


FUNERAL DIRECTOR:

VS 150-REV. 1/1/6B

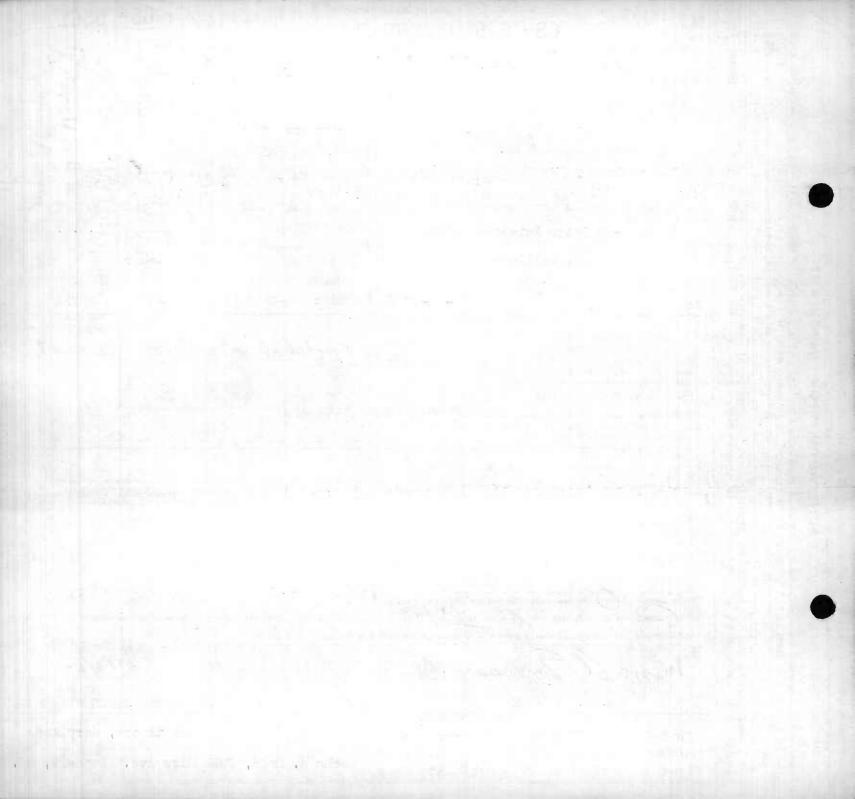


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FUNERAL DIRECTOR: IMPORTANT

1.1 1157		BALTIMORE CITY	HEALTH DEPARTMENT	V	60- 0204
BIRTH NO.	68-836	1 CERTIFICA	TE OF DEATH	REG NO	00- 0001
T. NAME OF DECEASED (Type or Print)		WELLINGS, SR.	2. DATE	and Hour of DEATH	735/A M
3. PLACE IN BALTIMORE, MARYLANI	D, WHERE PRONOL	PICED DEAD	4. USUAL RESIDENCE (W	here deceased lived. If i	nstitution: residence before admission)
FULL NAME OF (IF NOT IN HO HOSPITAL OR ADDRESS OR I NSTITUTION	SPITAL OR INSTITU	JTION, GIVE STREET	MARYLAND C. CITY OR TOWN	BALTIM	MORE ( 53 44)
BALTIMORE	CITY HOSPI	TALS	Edgemere	at	YES NO NO
3 / 49440 EAST BALTIMORE.N	TERN AVENU	E 21224	3003 WELLS RO	DAD 2121	.9
6. RACE		NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 Hrs. Manths: Doys Hours Min.
Male White	WIDOWED	DIVORCED	8-4-01	67	10013
OA, USUAL OCCUPATION (Give kind of		BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	oreign country)	12. CITIZEN OF WHAT COUNTRY
one during most of working life, even if reti RETIRED <b>-Enginee</b> :		Railroad	MARYLAND		U.S.A.
3. FATHER'S NAME GEORGE	Wellings		14. MOTHER'S MAIDEN N	IDA F	isher
5. Was Deceased Ever in U. S. Arme	d Forces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
(es, na arunknawn) (If yes, give war ar No		705-10-9776	ECORDS: BCH-494	O EASTERN AV	ZENUE 21224
- N	eans the disease, used deoth.)  JSES  il any, giving (A) stating the  CONTRIBUTING TO THE TERMINAL PART 1 (A).  CONDITION FOR V	(B)	A CONSEQUENCE OF:  A CONSEQUENCE OF:  20A. AUTOPSY? (Yes of NO		FINDINGS CONSIDERED
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	NG 21 B. ham etc.	e, farm, factory, street, a	ffice bldg., INJURY OCCUR?	(If in Boltima	re City, give exoct location)
21 D. TIME (Month) (Doy) (1) OF INJURY (APPROX.)	Whi		- 1100	NJURY OCCUR?	1 -34
22. I certify that (1) this has that (1) (we) last saw the dec		7/1/ // 4		that In(my) (aur) oo	Inian death accurred an the date
and havr and fram the causes	stated abave (1	) (We) (did) (dld not)	view the bady after deatl	1.	
23A. SIGNATURE	merso	Phy		Shaff Phys.	8/13/68
23C. PRYSICIAMS NAME (Type) WM. A. EN	MERSON		23D. ADDRESS 4940 EASTERN A	AVENUE, BALTIM	MORE, MARYLAND 21224
Burial CREMATION, 24B. DAT REMOVAL (Specify) Burial 8/17		AME of CEMETERY of CR	EMATORY 24D.	LOCATION (C	city, town, or county) (Stote) timore, Maryland
25A. DATE REC'D BY HEALTH DEPT.  AUG 15 1968		DF REGISTRAR	25C. FUNERAL DIRECT	or a, 7922 Wise	Ave. Dundalk, Md.



L-525

68-8362 BALTIMORE CITY HEALTH DEPARTMENT

	00.		CITY HEALTH DEPARTMENT 68-8362
BIRTH NO.	WEL	DICAL EXAMINER	R'S CERTIFICATE OF DEATH REG. NO.
I. NAME OF DEC	EASED		2. DATE Known X Month Doy Year Hour
(Type or Print) JOHN	David	LONGENECKER	OF SWIND AND 11 1069 5.03 B
		WHERE PRONOUNCED DEAD	3. DATE Month Doy Yeor Hour
FULL NAME OF HOSPITAL OR INSTITUTION		TAL OR INSTITUTION, GIVE STREET ATION)	PRONOUNCED DEAD August 11, 1968 5:03 P.  5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
. 1	n Memorial Ho	ospital	A. STATE Maryland B. COUNTY
6 SEX	7. RACE	B. MARRIED NEVER MARRI	RIED C. CITY OR TOWN D. THIS DE CITY HMITS
male	white	WIDOWED DIVORC	
9. DATE OF BIRTI	H 10.AGE (		24 Hrs. E. STREET AND NUMBER
Nov. 19,			6305 Dietz Avenue
11. BIRTHPLACE (S	State or foreign country)	12. CITIZEN OF	13. FATHER'S NAME
Free	derick Co. Mc	WHAT COUNTRY	Allred You Langenecker
14A.USUAL OCCU	PATION (Give kind of work	148. KIND OF BUSINESS OR IN	Alfred Yon Longenecker NDUSTRY 15. MOTHER'S MAIDEN NAME
done during most of v	vorking life, even if refired)		
abinet Was DECEAS	ED EVER IN U.S. ARME	Delf. Employed. DFORCES? 17. SOCIAL	Sarah Elizabeth Stonen  118. INFORMANT ADDRESS
(Yes, no or unknown)	(If yes, give wor or dotes	of service) SECURITY N	NO.
No		21318-	Transfer de l'Original de l'All Marie III
19.4 / 2	14	CAUSE C	OF DEATH  APPROXIMATE INTERVAL BETWEEN ONSET AND DEA
(This does n heart failure in lury or con Ar DISEASES ORISE TO THE UNDERLYIN	LEADING TO DEATH  of meon the mode of d , osthenio, etc. It meons th nplicotion which coused de  NTECEDENT CAUSES  DR CONDITIONS, IF AN E ABOVE CAUSE (A) STA NG CONDITION LAST.  II  III  IIIIII TONDITIONS C ATH BUT NOT RELATED TO	ying, e.g., DUE ediseose, edis.)  (B)  DUE diseose, edis.)  (B)  DUE diseose, edis.)	EDIATE CAUSE TO, OR AS A CONSEQUENCE OF:  TO, OR AS A CONSEQUENCE OF:
DISEASE OR	CONDITION GIVEN IN F	PART I (A)	COL WAS PERSONALLY AUTORION (Verson No.)
DAIE OF	OPERATION 200. CO	NDITION FOR WHICH OPERATI	ION WAS PERFORMED 21. AUTOPSY? (Yes or No)
			No
22A. EXTER	NAL CAUSE WAS	home, form, foctory, stre	RY(e.g., in or obout 22C. WHERE DID (If in Boltimore City, give exoct location) reet, office bldg., etc.) INJURY OCCUR?
☐ UTING ☐ CA	USE OF DEATH.		
≥ 22D. TIME OF INJURY	(Month) (Doy) (Yes	or) (Hour) 22E.INJURY OCC	22F. HOW DID INJURY OCCUR?
(APPROX.)		m. WHILE AT WORK	NOT WHILE AT WORK
23.			At Work
I cert	ify that I held on	Inquiry Inspection X	Autopsy and that on this basis, deoth in my opinion
result	ted from: Natural co	uses X Accident	Suicide Homicide Undetermined monner
1	1		CHIEF MEDICAL EXAMINER
ACTUAL	1110220	1-5-1	ACCICTANT MEDICAL EVANINED K
SIGNATI		nine	m.v.
EXAMIN	W (# 11   1   1   1   1   1   1   1   1   1	r U. Spitz, M.D.	ASSOCIATE MEDICAL EXAMINER   8/12/00
24A. BURIAL CREA REMOVAL (Speci	MATION, 248. DATE	24C. NAME of CEN	METERY or CREMATORY 24D. LOCATION (City, town, or county) (Stote)
Burio	/ / / / -	-68 Gardens	of Faith Cemetery Baltimore, Mryland 25C. FUNERAL DIRECTOR ADDRESS
	BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
			John C. Miller Inc-6415 Belair Rd2120
VS 151-REV. 1/1/6E	3		

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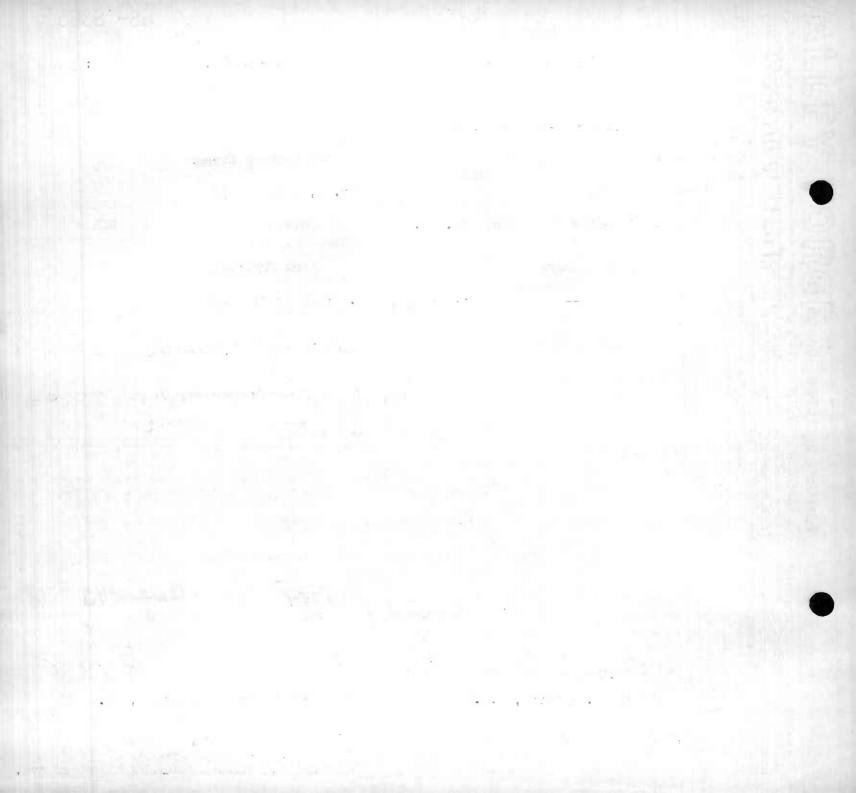
68-8363 BALTIMORE CITY HEALTH DEPARTMENT

DII	NTU NO	ME	DICAL	EXAMINER'S	CERTIFI	CATE OF	DEA1	H REG. NO.	68-	8363
	NAME OF DEC	FACED			II. DATE		11 1			C:
	pe or Print)				2. DATE OF	Knawn 😾	Manth	Day	Yeor	Hour
L		ERT KLAHRE			DEATH	Estimated 🗌	8	10	-68	7.32 a M.
14.	PLACE IN BAL	TIMORE, MARYLAND,	WHERE PI	RONOUNCED DEAD	3. DATE		Month	Day	Yeor	Hour
FU	LL NAME OF	(IF NOT IN HOSPIT	AL OR INS	TITUTION, GIVE STREET	PRONOI	JNCED DEAD	A 1100	10t 10	1000	
OR	SPITAL	ÀDDRESS OR LOC	AllON		5 TISTIAL P	ESIDENCE (Where		ıst 10,	1968	7:32 a M.
	2/				A. STATE	ESIDEIACE (Milere	dece asea i	B. COUNTY	n: residence :	perore oumission)
1	Of Cf	ty Hospital				farvland				
6.	SEX	7. RACE	B. MARE	RIED NEVER MARRIED	C. CITY OR	laryland TOWN		B. INCIDES	ITY LIMIT	
								1/8		
Ma		White	WIDOV			Balto.		S CV	ES X	ND L
9.	DATE OF BIRTH	last hirthd		If Under 1 Yr. If Under 24 Hrs. Months   Days   Hours   Min.	E. STREET	ND NUMBER				
	July 2	5, 1910 58			3517	O'Donnel	1 St.			
11.		tate or fareign cauntry)	,	12. CITIZEN OF	13. FATHER		T Dre			
				WHAT COUNTRY SA			7 ohmo			
	FITELS	lie, Md.		USA	Berns	ard E. K	Tanre	,		
144	USUAL OCCU	PATION (Give kind of wor	14B. KIND	OF BUSINESS OR INDUSTR	Y 15. MOTHE	R'S MAIDEN NAM	ΛE			
don		orking life, even if retired		m	77.3	Т				
1		anitation			Lane	Lowery			DDDEGG	
16. (Ye	s, no or unknown)	ED EVER IN U.S. ARME (If yes, give wor or date:	of service	S? 17. SOCIAL SECURITY NO.	18. INFORM	MANI		A	DDRESS	
1	No			219-03-870	R Mrs.	Alvert	a Kla	hra B	-1tim	ore Ma
	19.	11		CAUSE OF DEA		ATT A OT O	4 11 4	HILO D		PROXIMATE INTERVAL
	7/1	9-1								EEN ONSET AND DEATH
	DISEAS	E OR CONDITION DIR	ECTLY	Arterios	cleroti	c cardiov	ascula	ar disea	se	
		LEADING TO DEATH		(A)IMMEDIATE	CALISE					
1		ot mean the mode of d		DUE TO, OR	AS A CONSEQ	UENCE OF:				
	heort failure,	, asthenia, etc. It means th oplication which caused de	e disease,							
	interior or can	rpinconon wineir caasea at								
	AA AA	NTECEDENT CAUSES		(0)						
		OR CONDITIONS, IF AN	Y, GIVING	(B) DUE TO, OR	AS A CONSE	QUENCE OF:	*****			
	RISE TO THE	ABOVE CAUSE (A) ST								
Z	UNDEKLAIN	IG CONDITION LAST.		(C)	***	***		irdi de mindi ili indrusiria di unione de d		
CERTIFICATION	17 00 00.	1 11								
₹	OTHER SIGN	IFICANT CONDITIONS	ONTRIBU	TING						
	TO THE DEA	ATH BUT NOT RELATED TO	O THE TERM	INAL						
	DISEASE OK	CONDITION GIVEN IN								
18	ZUA. DATE OF	OPERATION 208. CO	NOIIION	FOR WHICH OPERATION W	AS PERFORM	ED			21. AUTO	PSY? (Yes ar Na)
0	×-								Y	ES
₹	22A. EXTERI	NAL CAUSE WAS		228. PLACE OF INJURY (e.g.	in ar about 2	2C. WHERE DID	If in Boltime	re City, give ex		
∥ <u>Ö</u>	INDEDIVING	OR CONTRIB-		home, farm, factory, street, afli	e bldg., etc.) II	NJURY OCCUR?	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,	,	
		USE OF DEATH.								
Σ		(Manth) (Day) (Yes	or) (Hau	r) 22E. INJURY OCCURRED	2	2F. HOW DID IN.	JURY OCC	UR?		
	(APPROX.)			WHILE AT NO	WHILE					
	23.			m. WORK LAT	VORK					
				T	777					
		ify that I held on				ond that on th				
	result	ed from: Natural co	uses X	Accident Suici	de 🗌 Ho	micide 🔲	Undeterm	ined monner		
	H			14		CHIEF MEDICAL E				
	ACTUAL	DILAIN	+ 11	1. 1						DATE SIGNED
	SIGNATU	JRE LEVV2	0 1	M.I.	D. ASSI	STANT MEDICAL E	XAMINER	xx		
	EXAMINI					CIATE MEDICAL E	XAMINER			
	NAME (T	ype)	Edwa	rd F. Wilson, M				Aus	rust 10	1968
24	A. BURIAL CREA		Dawa	24C. NAME of CEMETERY		DRY 24D.	LOCATION		n, ar county	
	MOVAL (Specif							, , , , , , , ,	, , , , , , , , , , , , , , , , , , , ,	1
11	Bunial	1/33 003 0	t 13.	1968 Hyndma	n Ceme	tery Hy	mdma	n. Bed	ford (	Co Po
25	A. DATE REC'D.	TUG 16 1968	25B. N	IAME OF REGISTRAR	-	UNERAL DIRECTO	OF STREET STREET	200	ADDRESS	AND TORE
1		AUG 1 R 1964	00			_	5	1	11	- 1-1
		TO 1000	YLOU	nt E. Farkey M. A.	16	nunce,	run	eved /	tome	3.631/a
Ve	151-REV. 1/1/6B		1-		1/0	1	100	7	1011	1
4.0	151-KLT. 1/1/00				1	W.	ulla	an. 1.	Kell	14 ~ 1.

나는 그 사람들은 사람들이 가는 사람들은 살살을 잃고 하는 것이 되었다. 나를 모르게 먹는 사람

RII	RTH NO.	8- 8364 CERTIFICA	ATE OF DEATH REG. NO.	68-8364
1,1	NAME OF DECEASED	. itelfrich	AUGUST 13, 19	68   11:40
	PLACE IN BALTIMORE, MARYLAND,	WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If i A. STATE B. COUNTY  MARYLAND	institution: residence before admit
H	STITUTION	MEMORIAL HOSPITAL		YES NO
	1 HE PIOLOTA	MEMORITE 1104 1171E	E. STREET AND NUMBER  24 OVERHILL ROP	4,0
5.	FEMALE WHITE	7- MARRIED NEVER MARRIED WIDOWED DIVORCED	3. DATE OF BIRTH  JUNE 11, 1892  9. AGE (In years lost birthdoy)  176	If Under 1 Yr. If Under 24 Months Doys Hours N
	A USUAL OCCUPATION (Give kind of water during most of working life, even if refired NONE		MARYLAND	AMERICA
13.	FATHER'S NAME THOMAS B.	Cockey	14. MOTHER'S MAIDEN NAME MARY WARFIELD	
15. (Ye	Was Deceased Ever in U. S. Armed (s, no or unknown)	oles of service)	17. INFORMANT  THE CHART	ADDRESS
_	No N/	A 215-03-18		APPROXIMATE INTER
ATION	DISEASES OR CONDITIONS, is is a label be above cause (A UNDERLYING CONDITION last.  4.2.2./ II OTHER SIGNIFICANT CONDITIONS (TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION GIVEN IN IS	(c) ARTER	S A CONSEQUENCE OF:  NONE	R DIS 60 HRS
CERTIFICA		ONDITION FOR WHICH OPERATION ERFORMED	20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WERE IN CERTIFYING C.	FINDINGS CONSIDERED AUSES OF DEATH?
CALCE	OR CONTRIBUTING CAUSE OF	21B, PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	in or obout 21 C. WHERE DID (II In Bottime office bldg., INJURY OCCUR?	ore City, give exact location)
MEDIC	21D. TIME (Month) (Doy) (Ye- OF INJURY (APPROX.)	or) (Hour) 21E. INJURY OCCURRED  While At Not Wh Work At Work	21F. HOW DID INJURY OCCUR?	
	that (1) (we) last saw the deced	tal) ottended the deceosed fram	19 68 and that in (my) (aur) ap	UGUST 13 19 1 Dinian death accurred an th
	23A. SIGNATURE	R. M.D. At	hending Med. Staff Staff ys. Director Phys.	AUGUST 14, 19
	CHUN KE	KEE RYU MD.	23D. ADDRESS THE UNION MEMORI	
	A. BURIAL CREMATION, 248. DATE REMOVAL (Specify)  Burial  Augl6	,1968 St. Thomas Cer	netery Garrison F	
25	A. DATE RECAUGHELEH 1968	SE NAME OF RECISTRALINA	Newel Fenoralton	ne Masrill
VS	150-REV. 1/1/6B		GD 7 (1)	

VS 150-REV. 1/1/6B



as

3

25A. DATE REC'D.

VS 150-REV, 1/1/68

of death Deceased

ance (2)

25C. FUNERAL DIRECTO

25B, NAME OF REGISTRAR

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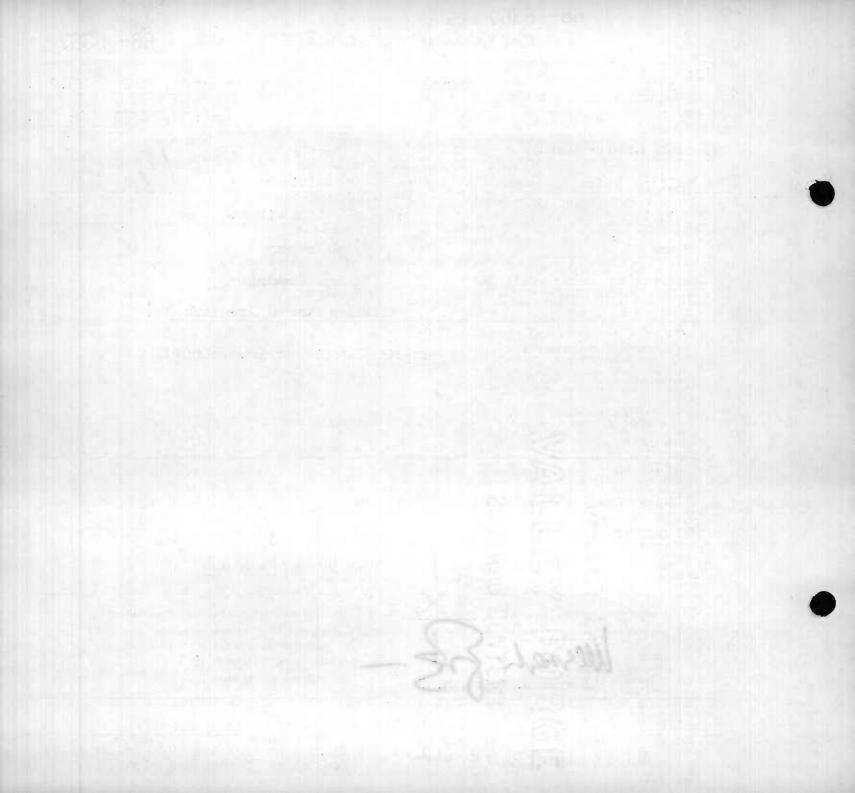
G-626

## 68-8367 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S	CERTIFICATE C	OF DEATH	REG. NO.68-	836
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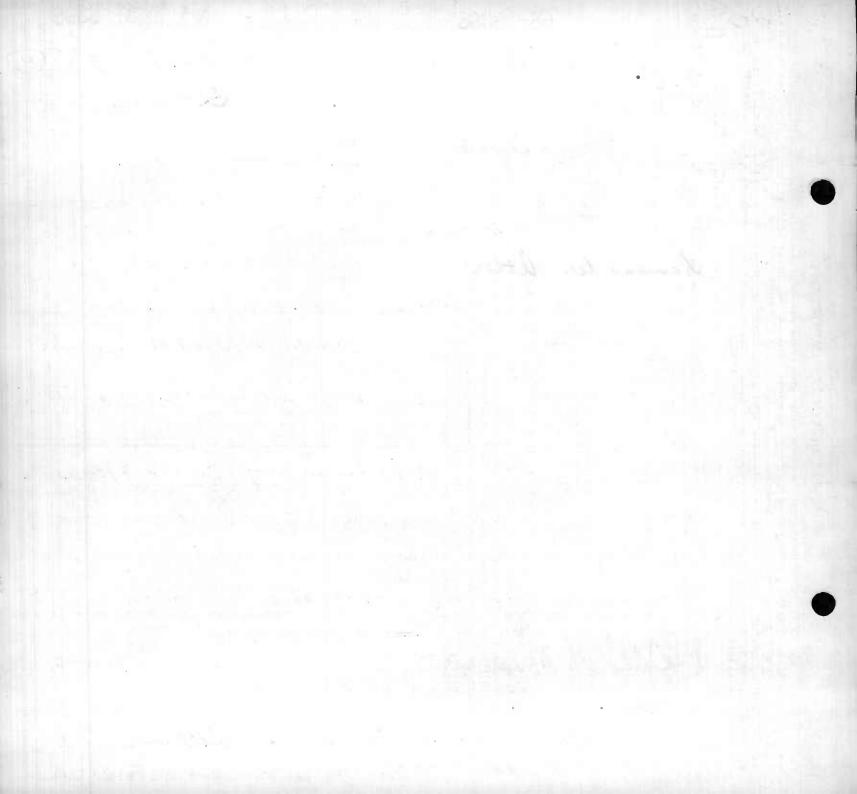
I. NAME OF DECEASED	BIR	TH NO.		MILL	ICAL		TAILLE S C	- LIVIIIII	CAILOI	DLAII	REG. NO.	0	0007
JOHN  **PRACE IN BAILMORE, MARYLAND, WHERE PRONOUNCED DEAD  **PRACE IN BAILMORE, MARYLAND, WHERE PRONOUNCED DEAD  **OF INTERPRETATION OF THE PRONOUNCED DEAD  **OF INSTITUTION  **OF INSTITUTION			EASED						Known 🗌	Month	Doy	Yeor	Hour
4. PLACE IN BAILMORE, MARYLAND, WHERE PRONOUNCED DEAD HOSPITAL PARKET AND MORES OR LOCATION, GIVE STREET    PRONOUNCED DEAD   August 13, 1968   6:35 A a.	(Iyp					(	GREGORY		Estimoted X	Augus	t 13, 1	1968	12:30 A.
AUBLES AVENUE    SEX   March	4. F		IMORE, MA	RYLAND, W	HERE PR						-	Yeor	
SEX   SEX   RACE   S. MARRIED   NEVER MARRIED   DIVORCED   STATE   S. COUNTY   S. FIRST   S. FIRST   S. COUNTY   S. FIRST   S.						OITUTION	I, GIVE STREET	PRONO	UNCED DEAD	Augus	t 13.	1968	6:35 A.
A. STATE   MARKED   NEVER MARRIED   NEVER MA	OR	INSTITUTION	ADDRE	SS OR LOCA	IION)			5. USUAL R	ESIDENCE (Where			_	IVI.
male white widowed bivores biv							A. STATE					nel	
9. DATE OF BIRTH    DIA AGE (in years)   String   String	6. 5	6. SEX 7. RACE B. MARRIED NEVER MARRIED					NEVER MARRIED	C. CITY OR	TOWN		D. INSIDE CIL	MILIMITS	07
May 2, 1925   43								Baltimore		Y	X	NO D	
1. BRITHFLACE (State or foreign country)		P. DATE OF BIRTH 10. AGE (In years   If Under 1 Yr. If Under 24 Hrs.   Months   Doys   Hours   Min.				r 1 Yr. If Under 24 Hrs. Doys   Hours   Min.	E. STREET		kens Av	enue			
AJUNAL OCCUPATION (Give kind of world) 48. KIND OF BUSINESS OR INDUSTRY IS. MOHERY SMADEN NAME  Anna Straining  10. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (I) vest, give wor or dokes of service)  11. SCCURITY NO.  Reiley Funeral Home York, Pa.  ATECIDENT CAUSE.  DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  (Ihis does not meon the mode of dying, e.g., hero folius, either or complication which coused does.)  Interfer or complication which coused does.)  ANTECEDENT CAUSES  DISEASES OR CONDITION LAST.  ANTECEDENT CAUSES  DISEASES OR CONDITION SEAR ANY, CIVING REST TO THE AROUND THE ALTER TO THE TERMINAL DISEASE OR CONDITION CONTRIBUTION  TO HER STORIES OR CONDITION SEARCH TO THE TERMINAL DISEASE OR CONDITION SEARCH TO THE TERMINAL DISEASE OR CONDITION GOVERN IN PART I (A).  20. A DATE OF OPERATION 1008. CONTRIBUTION TO THE HERMINAL DISEASE OR CONDITION GOVERN IN PART I (A).  20. A DATE OF OPERATION 1008. CONTRIBUTION TO THE HERMINAL DISEASE OR CONDITION SEARCH TO THE TERMINAL DISEASE OR CONDITION GOVERN IN PART I (A).  20. DUNDERVING CONTRIB.  UNIDERVING CONTRIB.  10. THE ALGO FOR THE ALGO FOR THE TERMINAL DISEASE OR CONDITION SEARCH TO THE TERMINAL DISEASE OR CONDITION SEAR OR THE TERMINAL DISEASE OR CONDITION SEARCH TO THE TERMINAL DISEASE OR CONDITION S						12. CIT	ZEN OF	13. FATHER					
		Ponns				WH	AT COUNTRY?	Dolah	Cmogomy				
Anna Straining   Anna	144		PATION (Give	kind of work	4B. KIND	OF BU	SINESS OR INDUSTRY			ME			
19.	done	during most of w	orking life, eve	en if retired)	-		3111E33 OK 111D031K1						
P.										ing			
P.	16. (Yes	WAS DECEASE , no or unknown)	(If yes, give w	U.S. ARMED or or dotes	FORCES of service	)	SECURITY NO.					DRESS	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart follow, chienin, etc. ime on the disease, industry or complication which coused death.)  ATTERIOR CONDITIONS, IF ANY, GIVING RISE TO THE REMINAL DISEASE OR CONDITION LAST.  (B)  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE REMINAL DISEASE OF CONDITION CONTRIBUTING CONDITION LAST.  (C)  DISEASES OR CONDITION WAS PREFERRED.  DISEASE OR CONDITION LAST.  (C)  DISEASES OR CONDITION LAST.  (C)  DISEASES OR CONDITION CONTRIBUTING CONDITION LAST.  DISEASE OF CONDITION CEVEN PARK LAST.  (C)  DISEASE OR CONDITION OF CONTRIBUTING CONDITION LAST.  DISEASE OR CONDITION CEVEN PARK LAST.  (E)  DISEASE OR CONDITION CEVEN PARK LAST.  (E)  DISEASE OR CONDITION OF CONTRIBUTING CONDITION LAST.  DISEASE OR CONDITION OF CONTRIBUTING CONDITION LAST.  (C)  DISEASE OR CONDITION OF CONTRIBUTING CONDITION LAST.  (C)  DISEASE OR CONDITION OF CONTRIBUTING CONDITION LAST.  DISEASE OR CONDITION OF CONTRIBUTING CONDITION LAST.  (E)  DISEASE OR CONDITION OF CONTRIBUTING CONDITION OF CONTRIBUTING CONDITION OF CONTRIBUTING CONDITION OF CONTRIBUTING CONDITION OF CONTRIBUTION CEVEN PARK LAST.  DISEASE OR CONDITION OF CONTRIBUTING CONDITION OF CONTRIBUTING CONDITION OF CONTRIBUTION OF CONTRIBUTION CEVEN PARK LAST.  DISEASE OR CONDITION OF CONTRIBUTING CONDITION OF CONTRIBUTION OF CONTRIBUTION CEVEN PARK LAST.  NOT WHILE AT AUGUST CONTRIBUTION CONTRIBUTION CONTRIBUTION CEVEN PARK LAST.  DISEASE OR CONDITION CEVEN PARK LAST.  ACTUAL CEVEN CONTRIBUTION CEVEN PARK LAST.  ACTUAL CEVEN								Reiley	Funeral 1	Home Yo	rk, Pa.		
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Certify that   held on   Inquiry   Inspection   Autopsy   ond that on this bosls, death in my opinion						m. WO	RK L ATW	ORK					
resulted from: Noturol couses X Accident Suicide Homicide Undetermined monner CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER X SIGNATURE EXAMINER'S NAME (Type) Werner U. Spitz, M.D. ASSOCIATE MEDICAL EXAMINER S/13/68  24A. BURIAL CREMATION, PARCE PROVAL (Specify) Burial St. Mary's Cemetery York, Pa.  25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR ULLrich Funeral Home 4210 Belair Road,			fy that I he	eld on I	nauiry [	7 1	nspection X Au	tonsy []	and that on t	his hosts o	leath in my c	ninlon	
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SIGNATURE EXAMINER'S NAME (Type)  Werner U. Spitz, M.D.  24A. BURIAL CREMATION, REMOVAL (Specify)  Burial  24C. NAME of CEMETERY or CREMATORY  8/13/68  St. Mary's Cemetery  York, Pa.  25A. DATE REC'D BY HEALTH DEPT.  25B. NAME OF REGISTRAR  25C. FUNERAL DIRECTOR 2		ACTUAL	111	100 01	2/	. )	26				TW'		DATE SIGNED
NAME (Type)  24A. BURIAL CREMATION, REMOVAL (Specify) Burial.  24B. DATE  24C. NAME of CEMETERY or CREMATORY  8/17/68  St. Mary's Cemetery  24D. LOCATION (City, town, or county) (Stote)  York, Pa.  25A. DATE REC'D BY HEALTH DEPT.  25B. NAME OF REGISTRAR  25C. FUNERAL DIRECTOR  25C. FUNERAL DIRECTO			IRE VV	eyou	4/4	· (	M.D	ASS	STANT MEDICAL I	EXAMINER [	<u>a</u>		0/12/60
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AUC 1 c 106% A C & C III WILLIAM Ullrich Funeral Home 4210 Belair Road,	_								FUNERAL DIRECT			DRESS	
	231							Ü	lrich Fune	eral Ho	me 4210	Bela	ir Road,
for Reiley Funeral Home, York, Pa.	-	A	na To	1200 (	مدامال	W C	, director,						

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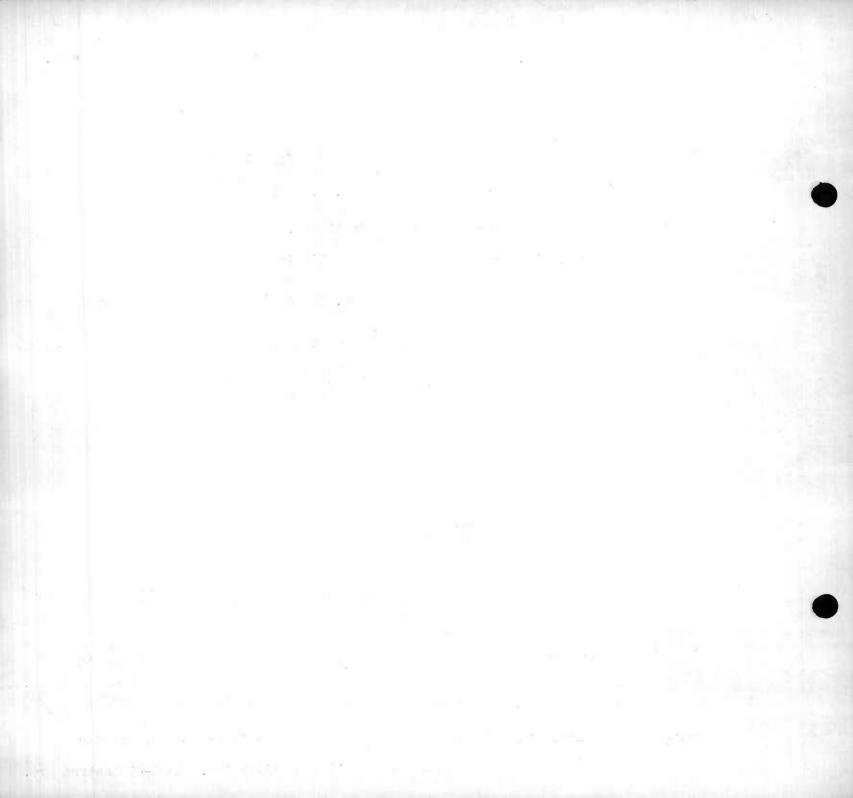


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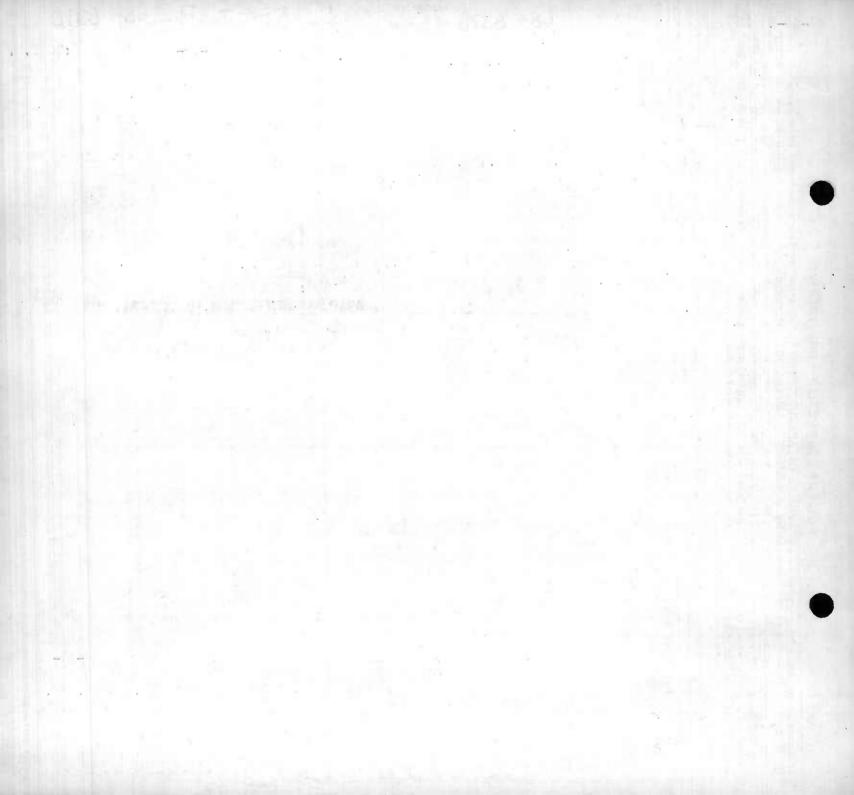
FUNERAL DIRECTOR:



	OF DECEASED						ND HOUR OF DEATH		
Type or F	Print)	JOHN	M. AICH	HLDR	1	_	ust 15, 196		1:05 P.
PLACE	E OF DEATH IN	BALTIMORE, MA	ARYLAND		4. USUAL RESIDENCE (Where deceased lived, II institution: residence before admission) A. STATE B. COUNTY Maryland				
FULL NAME OF HOSPITAL OR INSTITUTION  [If not in hospital or institution, give street oddress or location]  [If not in hospital or institution, give street oddress or location]  [If not in hospital or institution, give street oddress or location]  [If not in hospital or institution, give street oddress or location]					C. CITY OR TOW	VN (II o	utside city limits, whe	RURAL and aive	to (ynship)
					D. STREET ADDRESS (If rurol, give location)  903 Fell Street				
SEX	6. RA	25	7. MARRIED, NI	EVER AAARRIED	8. DATE OF BIRTI		0 400 11	T 11 11-1-1 1 V	, If Under 24 Hrs
Mal	le Wh	nite	Married	DIVORCED (specify)	Aug. 4,	1911	lost birthdoy) 57	II Under 1 Yr. Months Doys	
one during	USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRES during most of working life, even if retired)  Machinest  Maryland Drydock				Baltimor			12. CITIZEN C	
3. FATHE	ERS NAME	John M. A		. 771	14. MOTHER'S M		AME		. 9
		n U. S. Armed For	rces? 1	6. SOCIAL	17. INFORMANT			ADD	RESS
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18./	6211	CONDITION DIS	DECTI V	CAUSE	>			ONSE	VAL BETWEEN
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DISE rise UND DISE OF THE DISE	ANTEC  EASES OR CO  TO THE OBO DERLYING CON  HER SIGNIFICAN THE DEATH EASE OR COND DATE OF OPER.  ACCIDENT WA CONTRIBUTING TH (notify medic  TIME (Mont NJURY ROX.)  I certify that ( (I) (we) last s haur ond from SIGNATURE	inio, etc. II meons on which coused in which coused it. It is consistent in which coused it. If ye couse (A) in we couse (A) in which it is consistent in which is consistent in which it is consistent in which it is consistent in which it is consistent in which is c	ony, giving sloting the CONTRIBUTING ATED TO THE IT. NOTION FOR WHIFORMED 218. PL home, etc.)  (Hour) 21E. IN While Work	ICH OPERATION  ACE OF INJURY (e.g., of form, foctory, street, of the form)  All Not White At Work deceased from (did not)	20A. AUTOPSY n or about 21 C. Wh ffice bldg., INJURY  21 F. HO le 19 6 M riew the body of s. M Di	Y? (Yes or P	No) 20B, IF YES, WERIN CERTIFYING C	E FINDINGS CONCAUSES OF DEAT	ct locotion)  19 6
DISE UND OTHIT TO DISE 19A. C DEAT 21A. S 23C. P 23	ANTEC  EASES OR CO  TO THE OBO  DERLYING CON  THE DEATH  EASE OR COND  DATE OF OPER  ACCIDENT WA  CONTRIBUTING  TH (notify medic  TIME (Mont NJURY  ROX.)  I certify that (  (I) (we) last selections	inio, etc. II meons on which coused in which coused it. It is consistent in which coused it. It is consistent in which in which is consistent in which is c	ony, giving sloting the CONTRIBUTING ATED TO THE IT. NOTION FOR WHIFORMED 218. PL home, etc.)  (Hour) 21E. IN While Work	(B) DUE TO  (C)  ICH OPERATION  ACE OF INJURY (e.g., if form, foctory, street, of the foctory, street,	20A. AUTOPSY In or about 21C. White bidg., INJURY 21F. HO In or about 21C. White bidg., INJURY	Y? (Yes or here DID OCCUR?  W DID IN Ond to the death	No) 20B. IF YES, WER IN CERTIFYING C  (If in Boltime of the control of the contro	E FINDINGS CONCAUSES OF DEAT	ct locotion)  19 6
DISE rise UND DISE 19A. CO DEAT OF LIN (APPR 23A. S	ANTEC  EASES OR CO  To the obo DERLYING CON  THE DEATH EASE OR COND  ACCIDENT WA CONTRIBUTING TH (notify medic  TIME (Mont NJURY ROX.)  I certify that (  (I) (we) last that one from SIGNATURE  PHYSICIANS	Inio, etc. II means on which coused by the couse (A) we couse (A) we couse (A) with the c	ony, giving sloting the CONTRIBUTING ATED TO THE IT.  NOTION FOR WHIFORMED  (Hour) 21E, IN White Work  I) ottended the ed clive on	ICH OPERATION  ACE OF INJURY (e.g., if form, foctory, street, of the street, of t	20 A. AUTOPSY In or about 21 C. White bidg., INJURY 21 F. Ho 21 F. Ho 21 F. Ho 21 F. Ho 22 F. Ho 23 D. ADDRESS	Y? (Yes or Not the Property of	No) 20B. IF YES, WER IN CERTIFYING COUR?  19 G. to thot in (my) (our) of Phys.   ROWN AND TO THE Phys.   ROWN AND THE PHYS.   ROWN AND THE PHYS. TO	E FINDINGS CONCAUSES OF DEAT	isidered H?  ct locotion)  19 6 6  curred on the do
DISE rise UND DISE UND DISE 19A. CO DEAT 19A. CO DEAT 21A. S CO DEAT 22A. S CO DEAT CO DE	ANTEC  EASES OR CO  TO THE OBO DERLYING CON  THE DEATH EASE OR COND DATE OF OPER.  ACCIDENT WA CONTRIBUTING TH (notify medic  TIME (Mont NJURY ROX.)  I certify that ( (I) (we) last the control of the control  SIGNATURE  PHYSICIAN'S NAME (Type)	Inio, etc. II means on which coused the couses (A) we couse (A) we couse (A) with the couses the couses stated (A) with the couses (A	ony, giving sloting the CONTRIBUTING ATED TO THE IT.  POINTON FOR WHITE IT.  (Hour) 21E, IN While Work  I) ottended the ed clive on	ICH OPERATION  ACE OF INJURY (e.g., form, foctory, street, or At Work deceased from M.D. Att Phy	20 A. AUTOPSY In or about 21 C. White bidg., INJURY 21 F. Ho 21 F. Ho 21 F. Ho 21 F. Ho 22 F. Ho 23 D. ADDRESS	PRE DID OCCUR?  W DID IN  ond to ter death  ed. rector  24D. Ba	No) 20B. IF YES, WER IN CERTIFYING CO.  (If in Boltima of the control of the cont	E FINDINGS CON AUSES OF DEAT ore City, give exo	isidered H?  Interpretation of the document on the document of



VS 150-REV. 1/1/68



68- 8374 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG NO. BIRTH NO. NAME OF DECEASED DATE Known [ Month Day (Type or Print) OF Estimoted \_ August 8, 1968 10:00 A. GLORIA JONES DEATH 4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD DATE Yeor Hour PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET August 8, 1968 10:00 A. ADDRESS OR LOCATION) HOSPITAL OR INSTITUTION 5. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) B. QOUNTY 2201 Eutaw Place Maryland 7. RACE C. CITY OR TOWN 6. SEX D. INSIDE CITY LIMITS 8. MARRIED NEVER MARRIED Fema le Baltimore Negro WIDOWED DIVORCED YES A 9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs. E. STREET AND NUMBER last birthday) 23 Months , Doys , Haurs , Min. 2201 Eutaw Place BIRTHPLACE (State or foreign cauntry) 12. CITIZEN OF 13. FATHER'S NAME WHAT COUNTRY? It, More 14A.USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTRY MOTHER'S MAIDEN NAME dane during mast of working life, even if retired) 16. WAS DECEASED EVER IN U.S. ARMED FORCES? SOCIAL SECURITY NO 8. INFORMANT **ADDRESS** (Yes, no ar unknown) (If yes, give war or dates of service) CAUSE OF DEATH BETWEEN ONSET AND DEATH Acute Ethylism DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) IMMEDIATE CAUSE (This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF: heart follure, asthenia, etc. It means the disease, injury or complication which coused deoth.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (c)\_ 0 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING Acute Pyelonephritis TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). CERT 20 A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21. AUTOPSY? (Yes or No) yes 22A. EXTERNAL CAUSE WAS 228. PLACE OF INJURY (e.g., in or about 22C. WHERE DID (If in Boltimore City, give exact location) hame, farm, factory, street, office bidg., etc.) INJURY OCCUR? UNDERLYING OR CONTRIB-UTING CAUSE OF DEATH 22D. TIME (Month) 22E. INJURY OCCURRED 22F. HOW DID INJURY OCCUR? (Year) OF INJURY WHILE AT NOT WHILE (APPROX.) WORK AT WORK I certify that I held an Inquiry Autopsy X Inspection and that on this basis, death in my opinion Accident Suicide Homicide resulted from: Natural causes Undetermined manner CHIEF MEDICAL EXAMINER DATE SIGNED ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE

August 9, 1968 Kornblum, M.D. **EXAMINER'S** Ronald N. ASSOCIATE MEDICAL EXAMINER NAME (Type) 24A. BURIAL CREMATION. 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D, LOCATION (City, town, or county) (State) REMOVAL (Specify) 25C. FUNERAL DIRECTOR

BALLMOTE, Md. LISA JAMES WIGGINS Demistra Julia Beck William H. Jones BAIC Mil BURIAS SIE/68 Mt. Auburn BAILINIOTE, Mid. IB. Johnson 1900 Father P. Fills

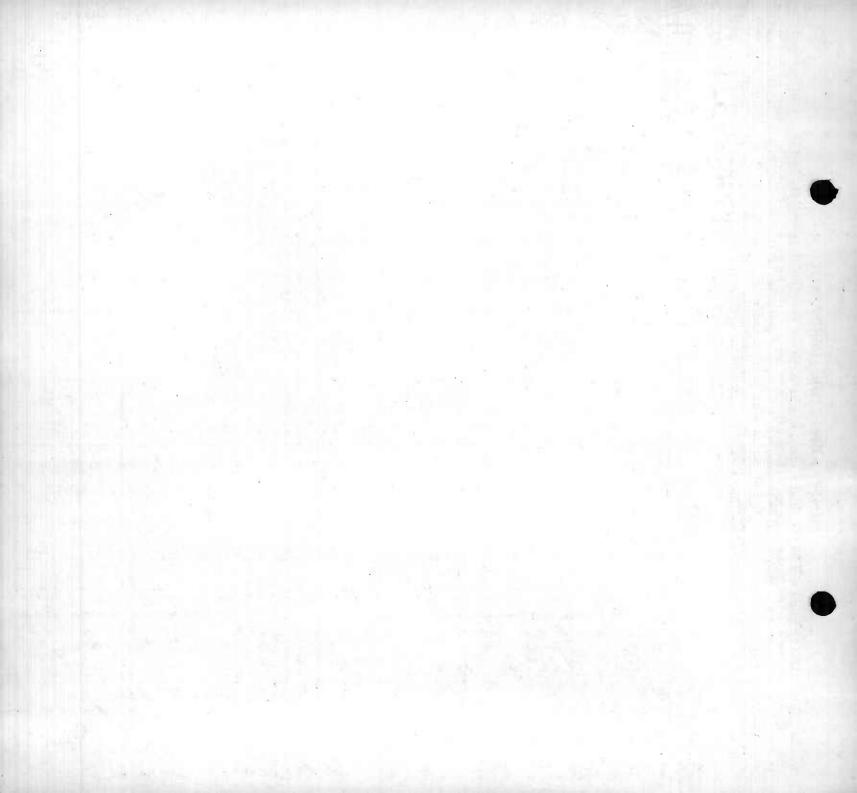
VS 150-REV, 1/1/68



1-320 68-8	X:<'7'2	Y HEALTH DEPARTMENT	DEC NO	68-8373
BIRTH NO.	CERTIFICA	TE OF DEATH	KEG. NO	30, 00,0
1. NAME OF DECEASED	(-100)=		D HOUR OF DEATH	1/2
AJORA MOMAS,	FLORIDA/E		8 / / 5 /	institution: residence before admission
SPLACE IN BALTIMORE, MARYLAND, WHERE	NONOUNCED DEAD	A. STATE B. COUNT	ry	institution residence before builtiss
FULL NAME OF (IF NOT IN HOSPITAL OR ADDRESS OR LOCATION)	INSTITUTION, GIVE STREET	MAKYLAND .	le ui	CIDE CITY HARREST ( & O )
NOTUTION	1 beach	C. CITY OR TOWN	D. IN	YES TO THE TIME TO
FRANKLIN SQUARE	1705/1.	E. STREET AND NUMBER		163 24 110
00	•	Tot Fi	UTON AV	le.
SEX 6. RACE 7. MA	RRIED DEVER MARRIED	B. DATE OF BIRTH	osl birthdoy	If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.
N · WID	OWED DIVORCED	4/14/1902	66	
DA. USUAL OCCUPATION (Give kind of work 10 B, Ki	ND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreig	n country)	12. CITIZEN OF WHAT COUNTRY
House Wite		NORTH CAR	OLINA	U. S. H
FATHER'S NAME		14. MOTHER'S MAIDEN NAM	1E	76,4
BENJAMIN EDGE		AMELIA	HOLDE	N
5. Was Deceased Ever in U. S. Armed Forces? (es,no or unknown) (If yes, give war or dates of se	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
A) TO	SECORIT NO.	HATTIE M. SU	NEBTS +	Ob N. GILMORE AVE
18,13	CAUSE OF DEAT		, , , ,	APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY				BETWEEN ONSET AND DEATH
LEADING TO DEATH	(A) IMMEDIATE CA	USE CARDIAC	ARREST	
(This does not mean the mode at dying heart toilure, asthenia, etc. It means the d	e.g., DUF TO, OR AS	A CONSEQUENCE OF:	,	
injury ar complication which coused death.	)		10	
ANTECEDENT CAUSES	(B) CVA.	Shynedesies	Menni	mell)
DISEASES OR CONDITIONS, if ony, rise to the obove couse (A) stating	giving DUE TO, OR A	A CONSEQUENCE OF:		
UNDERLYING CONDITION Iosi.	(C)	***************************************		
_ 33/X II		UEL TERM		
OTHER SIGNIFICANT CONDITIONS CONTRIBLE TO THE DEATH BUT NOT RELATED TO THE TERM				
O DISEASE OR CONDITION GIVEN IN PART 1 (A)		20A. AUTOPSY? (Yes or No)	208. IF YES WED!	FINDINGS CONSIDERED
WAS PERFORME	D	NO		AUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING	21B. PLACE OF INJURY (e.g.,	in or obout 21 C. WHERE DID	(If In Baltim	ore City, give exact lacation)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	home, form, loctory, street, c	mice bidg., INJURY OCCUR?		
21D.TIME (Month) (Doy) (Year) (Hou	1 21E INJURY OCCURRED	21 F. HOW DID INJU	JRY OCCUR?	
OF INJURY (APPROX.)	While At Not Whi	le 🗍		
00 4 - 16 4 40 41 4 4 10 10	Work L At Work		18	7/15 .18
22. I certify that (I) (this haspital) atte	130 X/11	114	9 6 6 ta	0/15 1981
that (1) (we) last saw the deceased aliv	o prog		it in (my) (aur) ap	pinlan death accurred an the date
and haur and fram the causes stated ab	pve. (1) (WeV (did) (did nat)	view the bady after death.		
23A. SIGNATURE	TATMA USIDAN	ending Med.	Staff	238. DATE SIGNED
Centrato	OEGREE Ph	rs. Director	Phys.	
23C. PHYSICIAN'S NAME (Type) CHEUI DE	r Kwon M	O. FRANK	LIN SO	UBRE HOSPT.
PAA BURIAL CREMATION, 24B. DATE	24C, NAME of CEMETERY OF CE	EMATORY 24D. 19	-	City, town, or county) (State)
Server 8/20/68	mot anhan	m B	acto m	
25A. DATE REC'D BY HEALTH DEPT.  258.	AMO OF REGISTRAR	25C. FUNERAL DIRECTOR	nil	ADDRESS
MAN TO 1209 OFFICE S	, The May Make	10 milion	PHAMPS	tos nom
VS 150-REV. 1/1/68				

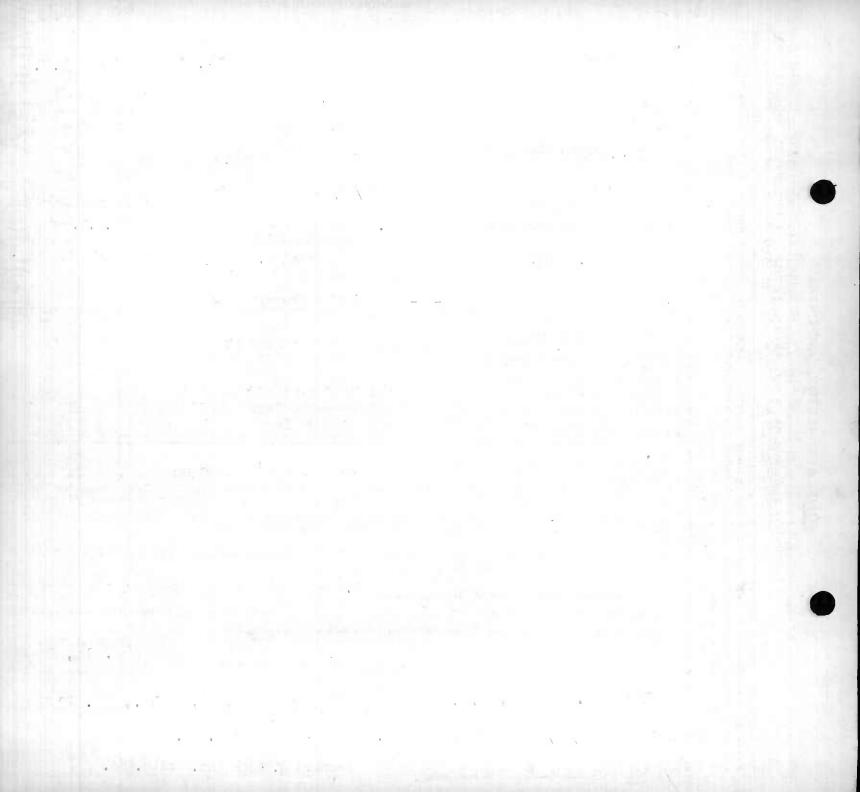
39.140.12 Bhal stught AMPLIA HELDEN HATTIE PLEASE L. E. L. GILLING CUB Hyrdenia Gordonamite 23 Als 21/2 The auce Con from miss CHENT On Kingman 110 FARMILLIA

VS 150-REV. 1/1/6B



FUNERAL DIRECTOR: IMPORTANT

V =00) 60	000	BALTIMORE CITY	HEALTH DEPARTMEN	IT	68-8375
N-300 08	- 83/	5 CERTIFICA	TE OF DEAT	H REG. NO	00 0010
NAME OF DECEASED			D   D   D   D   D   D   D   D   D   D	E AND HOUR OF DEATH	
Type or Print)	7 7	P			
		Kenney		gust 14, 196	C K A L L L L L L L L L L L L L L L L L L
3. PLACE IN BALTIMORE, MARYLAND, W	HERE PRONOL	JNCED DEAD	A. STATE B. C	Where deceased lived. If i	nstitution: residence before admission
EILL NAME OF THE NOT IN HOSPIT	AL OR ANISTITI	JTION, GIVE STREET	Md.		10.0
HOSPITAL OR ADDRESS OR LOCA	ATION)	JIION, GIVE STREET	C. CITY OR TOWN	In INC	SIDE CITY LIMITS?
NSTITUTION				D. 1143	
$\sim$ $\sim$			Baltimore	rn.	YES X NO
1 E. Univers	1 + De	mleren er	E. STREET AND NUMB		
I E. Univers	sity Pa	arkway	1 E. Univ	ersity Parky	way
. SEX 6. RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs.
M. W.	WIDOWED		7/21/39	lost birthdoy)	Months Doys Hours Min.
DA, USUAL OCCUPATION (Give kind of work					12. CITIZEN OF WHAT COUNTRY
one during most of working life, even if retired)	IOB. KIND OF	POSINESS OK HADOSIKI	II. BIKITIFEACE (Sigre of	r toreign country!	12. CHIZEN OF WHAT COUNTR
Director of Personnel	Shepard	Pratt Hosp.	Ohio		U.S.A.
3. FATHER'S NAME	-		14. MOTHER'S MAIDEN	INAME	
Daniel H. Kenne	y		rs.cel r	. Karch	
es, no or unknown) (If yes, give wor or dote	ces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
	s of service/	SECURITY NO.	C 1 V		
no		292-34-2996	Sandra Kenne	same	
18.390,01		CAUSE OF DEATH			APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
DISEASE OR CONDITION DIE	RECTLY				
LEADING TO DEATH		AND MANAGONATE CAN	<sub>se</sub> Cardiac Ar	rrest	immediate
(This daes not mean the made al	dying, e.g.,	DUE TO, OR AS	A CONSEQUENCE OF:	•••••	
heart lailure, asthenio, etc. It means injury or complication which caused					
	deam.	Olemania	D71-		
ANTECEDENT CAUSES		(B) CHIPOHIC	Pyelonephr	citis with	9 months
DISEASES OR CONDITIONS, II	any, giving	DUE TO, OR AS	A CONSEQUENCE OF	nal Failure	3
rise to the abave cause (A)	staling the	Second	ary Anemia		months
UNDERLYING CONDITION lost.		(c)			
600,0 11					
OTHER SIGNIFICANT CONDITIONS CO		01	2 0 1	4.1	months
OTHER SIGNIFICANT CONDITIONS COINTIONS CO		Chronic S	acral Decub	nitus Vicer	
19A. DATE OF OPERATION 198. CON	DITION FOR V	WHICH OPERATION	20A. AUTOPSY? (Yes	or No. 208. IF YES, WERE	FINDINGS CONSIDERED
19A. DATE OF OPERATION 198. CON WAS PERI	FORMED		No	IN CERTIFYING CA	AUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING	210	PLACE OF INJURY (e.g., i	1 41 -	ID #6 to Balaton	ore City, give exact location)
OR CONTRIBUTING CAUSE OF	hom	e, form, factory, street, of	fice bldg., INJURY OCCU	R?	ore City, give exact location)
DEATH (notify medical examiner)	etc.)				
	(Hour) 21 E.	INJURY OCCURRED	21F. HOW DIE	INJURY OCCUR?	
S OF INJURY		le At Not While			
(APPROX.)	Wo	rk L At Work		10	1
22. I certify that (I) (this hospital	) ottended +l	he deceased from	ct. 25	19 68 to Au	gust 14 1968
		August 12	. 68		
that (I) (we) last sow the decease	d olive on	***************************************		nd that In(my) (aur) op	Inian deoth accurred on the da
ond haur and from the causes state	above. (I	) (We) (did) (did not) v	iew the body ofter de	ath.	
23A SIGNATURE	/				23 B. DATE SIGNED
1////		( IN ) Alle	nding Med.	Staff	Aug. 15, 1968
William (2. CA	mon	C Phys		Phys.	
23C. PHYSICIAN'S			23 D. ADDRESS		
NAME (Type) William G. Esmi	and II	5	737 81 0		
The same of the party	-	.D. GEGREE	537 Stamfo		It., Md. 21229
AA. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	24C. NA	AME of CEMETERY of CRE	MATORY 24	D. LOCATION (C	City, town, or county) (State)
	R Cm	enmount Cem	To not be the	Rollto Ma	
Gremation 8/16/68		enmount Cem.	OCC FILLIAN AL TITLE	Balto. Md.	ADDRESS
A. DATE REC'D BY HEALTH DEPT.	25B. NAME C	F REGISTRAK	2SC. FUNERAL DIRE		ADDRESS
AUG 16 1968 (R.D.	40 T	2	Leonard J.	Ruck Inc. Bal	to. Md.
S 150-REV. 1/1/6B	U L, 40	A SHOPPING			



IMPORTANT

DIRECTOR:

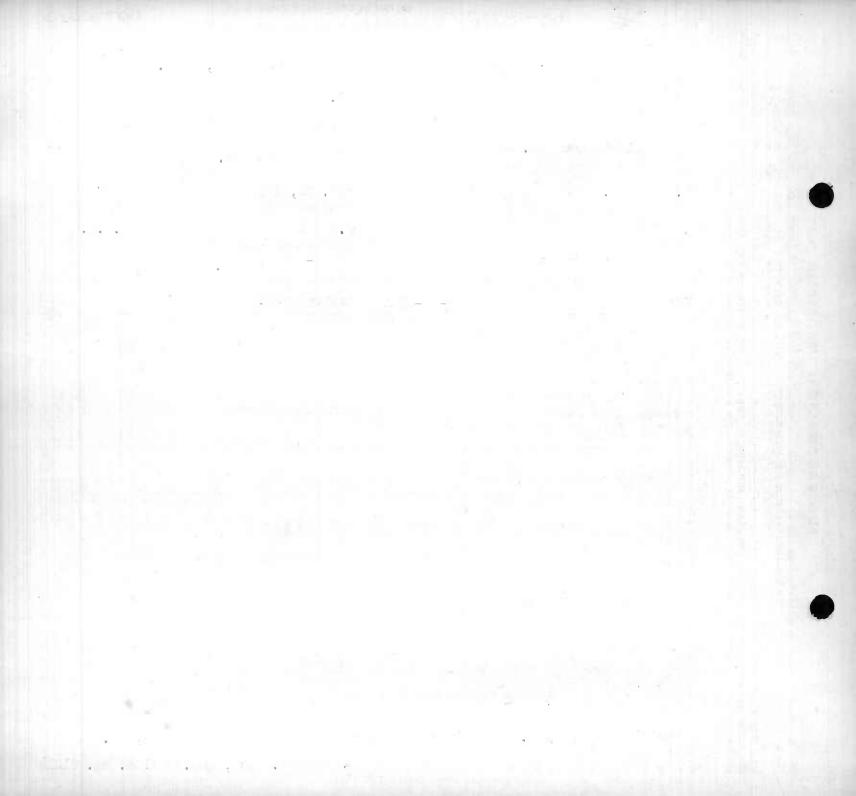
FUNERAL

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH earp 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If In Boltimore City, give exact lacottan) TUCOS and that in (my) (bor) opinion death accurred on the date 23B, DATE STONED (City, town, or county) Baltimore, Md. Leonard J. Ruck, Inc. B alto. Md. 21214 VS 150-REV. 1/1/68

If Under 24 Hrs.

Hours

ADDRESS



VS 150-REV. 1/1/68

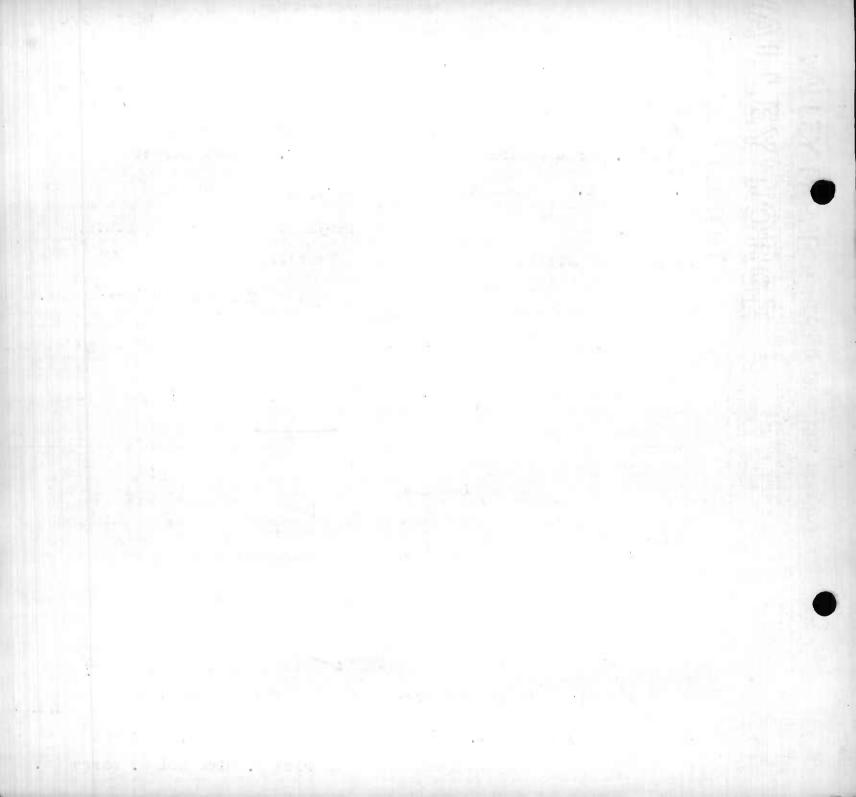
BALTIMORE CITY HEALTH DEPARTMENT

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51-85-73 MAS	M - 700 68- 8378 BALTIMORE CITY HEALTH DEPARTMENT REGING 68- 8378
che che che	BIRTH NO. CERTIFICATE OF DEATH
pital and of death Deceased ie on the ath. Such	1. NAME OF DECEASED Mc COY ELIZABETH. 2. DATE AND HOUR OF DEATH 8-13-68 . 9200 m.
cause cause; (5) rendanc	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  4. USUAL RESIDENCE (Where deceased lived, If institution: residence admission)  A. STATE  B. COUNTY
	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION, GIVE STREET C. CITY OR TOWN D. INSIDE CITY LIMITS?
	BALTIMORE CITY HOS PITACS. BOHIMORE YES NOW
	4940 EASTERN AVENUE  BALTIMORE, MARYLAND 21224  218 CENTER ST. 21222
th occurred in contributing determined can in regular at eceased prior on is made.	5. SEX   6. RACE   NEVER MARRIED   B. DATE OF BIRTH   9. AGE (in years   15 Under 1 Yr.   16 Under 24 Hrs.   Months   Doys   Hours   Min.   Months   Doys   Hours   Min.
eath or co indete s in r decer	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or loreign country)  Working life, even if retired)  South CAROLINA  12. CITIZEN OF WHAT COUNTRY?  U-S-A.
rif d (4) U wanthe	EDWARD Brisban 14. MOTHER'S MAIDEN NAME SALLY. Brisban
DRTAN assistant if the di ny kind; ny kind; death lance on r final di	15. Wos Deceased Ever in U. S. Armed Forces? (Yes, no of unknown) (II yes, give wor of dotes of service)  16. SOCIAL SECURITY NO.  17. INFORMANT BCH RECORDS: 4940 EASTERN AVENUE 21224
FUNERAL DIRECTOR: IMPC the chief medical examiner or his il by a medical examiner. Also, (2) Body burns; (3) A fracture of ar ere the physician who pronounce physician was in regular attend efore the remains are embalmed o	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  (This does not meen the mode of dying, e.g., heart foilure, ostherio, etc. It meens the diseose, injury or complication which coused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoling the UNDERLYING CONDITION lost.  (C)  OR AS A CONSEQUENCE OF:  (B)  DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoling the UNDERLYING CONDITION lost.  (C)  OR AS A CONSEQUENCE OF:  (B)  DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoling the UNDERLYING CONDITION lost.  (C)  OR AS A CONSEQUENCE OF:  (B)  DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoling the UNDERLYING CONDITION of the obove couse (A) stoling the UNDERLYING CONDITION of the obove couse (A) stoling the UNDERLYING CONDITION of the obove couse (A) stoling the UNDERLYING CONDITION of the obove couse (A) stoling the UNDERLYING CONDITION of the obove couse (A) stoling the UNDERLYING CONDITION of the obove couse (A) stoling the UNDERLYING CONDITION of the obove couse (A) stoling the UNDERLYING CONDITION of the obove couse (A) stoling the UNDERLYING CONDITION of the obove couse (A) stoling the UNDERLYING CONDITION of the obove couse (A) stoling the UNDERLYING CONDITION of the obove couse (A) stoling the UNDERLYING COURS of the obove couse (A) stoling the UNDERLYING COURS of the obove couse (A) stoling the UNDERLYING COURS of the obove couse (A) stoling the UNDERLYING COURS of the obove couse (A) stoling the UNDERLYING COURS of the obove couse (A) stoling the UNDERLYING COURS of the obove couse (A) stoling the UNDERLYING COURS of the obove couse (A) stoling the UNDERLYING COURS of the obove couse (A) stoling the UNDERLYING COURS of the obove couse (A) stoling the UNDERLYING COURS of the obove couse (A) stoling the UNDERLYING COURS of the obove couse (A) stoling the UNDERLYING COURS of the obove couse (A) stoling the UNDERLYING COURS of the obove couse (A) stoling the UNDERLYING COURS of the obove couse (A) st
pproved of the host any nature (except ; and (6))	OF INJURY (APPROX.)  While At Not While Carrier with the control of the deceased from 7 - 3 () 1968 to 8 - 12 - 1968, that (I) (we) last sow the deceased alive on 0 - 13 1968 and that in (my) (our) opinion death occurred on the date
t be age sed to sent of capital earth);	ond hour and from the causes stated above. (1) (We) (did) (did not) view the body after death.
E de ce	23A. SIGNATURE S. C. Scharz M.) Attending Med. Director Director Director Director Director AVENUE 21224
rtificate m dy was rel (1) An acc O.A. at a b sed prior to	DR. S. C. SEKAR  OEGREE  DR. S. C. SEKAR  OEGREE
Le sa Do	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (Stote)  BURIAL Specify 8-17-68 M. HUDURN Com. DA HUNCE, 7d.  25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS
This the I show was dece	AUG 18 1888 Rent & Joshuma Morton i Dyett F. H. 1701 Laurens

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IMPORTANT

DIRECTOR:

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FUNERAL DIRECTOR:

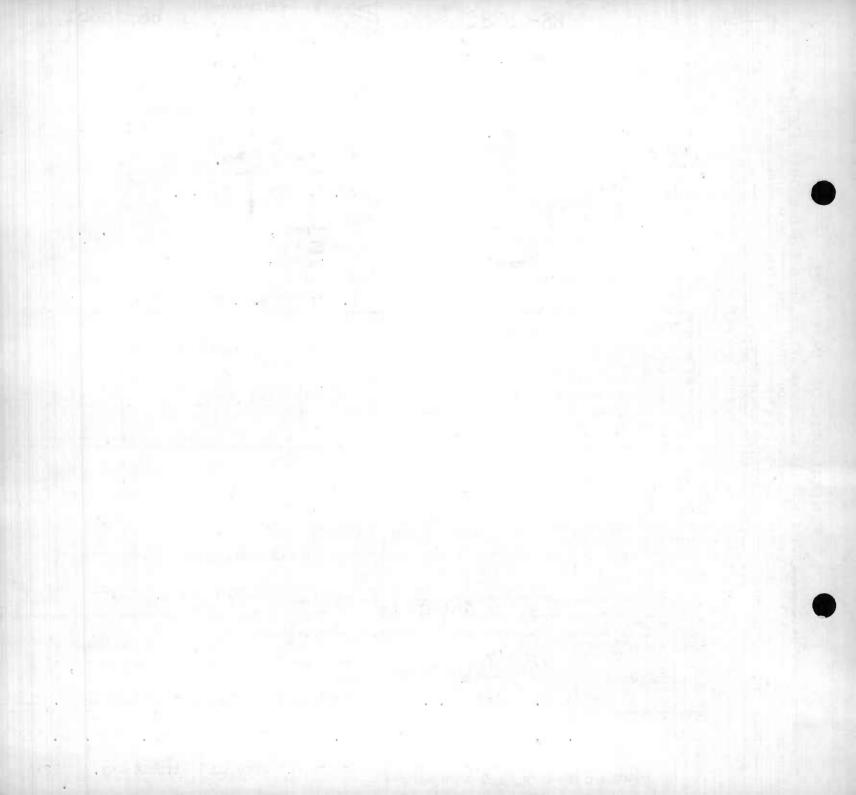
NO

Hours

APPROXIMATE INTERVAL

ADDRESS

If Under 24 Hrs.

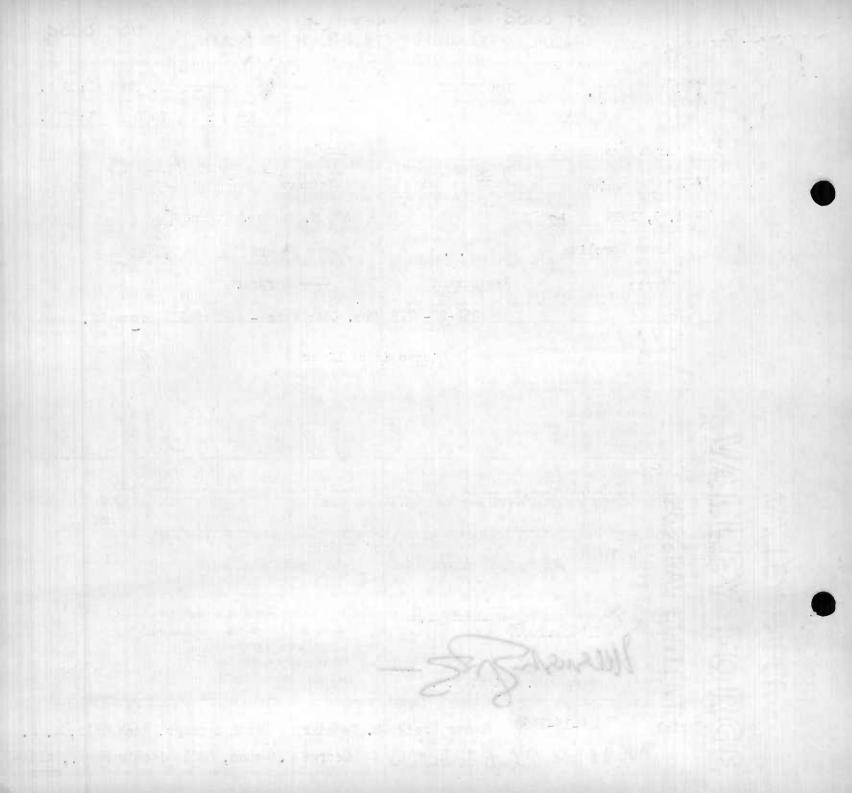


68- 8382 BALTIMORE CITY HEALTH DEPARTMENT

68-8382

MEDICAL EXAMINER'S	CERTIFICATE	OF	DEATH DE
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BIRTH NO.	REG. NO.
1. NAME OF DECEASED	2. DATE Known X Month Doy Year Hour
HELEN P KLOCZEWSKI	OF DEATH Estimoted August 12, 1968 1:25 P.M.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	DEATH   Estimated   August 12, 1908   1:25 P.M.
	PRONOLINCED DEAD
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	August 12, 1968 1:25 P. M.
ORINSTITUTION	5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
Church Hama Hagnital	A. STATE B. COUNTY
Church Home Hospital	A. STATE B. COUNTY Maryland
6. SEX 7. RACE B. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS
female white WIDOWED DIVORCED	Baltimore OYES XX NO [
9. DATE OF BIRTH   10. AGE (In years   If Under 1 Yr, If Under 24 Hrs	
lost birthdoy) Months , Doys , Hours , Min	1.
Sept. 1, 1919 119	400 N. Kenwood Avenue
11. BIRTHPLACE (State or lareign country) 12. CITIZEN OF	13. FATHER'S NAME
South Carolina WHAI COUNTRY?	Henry Devents
14A.USUAL OCCUPATION (Give kind of work 148. KIND OF BUSINESS OR INDUST	Henry Powers
done during most of working lile, even if retired)	NI TO MODIER S MAIDEIN INNIE
Waitress Restaurant	Gardner
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 117. SOCIAL	18. INFORMANT ADDRESS
(Yes, no or unknown) (if yes, give wor or dotes of service) SECURITY NO.	1000 5 500
No 256-22-8779	
19. 45 7 1.9	BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	
LEADING TO DEATH Cirrhos	is of Liver
(This does not mean the made of dying, e.g.,  (A) IMMEDIATE  DUE TO, OR	: CAUSE R AS A CONSEQUENCE OF:
heart failure, asthenia, etc. It means the disease,	R AS A CONSEQUENCE OF:
Injury or complication which coused death.)	
ANITECON PAIR CALIFER	
ANTECEDENT CAUSES  (B)  DISCOSSION OF THE TOTAL OF THE TO	R AS A CONSEQUENCE OF:
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	K AS A CONSEQUENCE OF:
UNDERLYING CONDITION LAST.	
OF THE RESIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION VICENIAN AND CONDITION FOR WHICH OPERATION CONDITION FOR WHICH OPERATION CONDITION FOR WHICH OPERATION CONDITION FOR WHICH OPERATION CO	00000000000000000000000000000000000000
E 5 81.0 II	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	
DISEASE OR CONDITION GIVEN IN PART 1 (A).	
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION V	WAS PERFORMED 21. AUTOPSY? (Yes or No)
Ö /	No
A 224 EVERNIAL CALICE WAS	No
22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. INTIME OF INJURY (e.g. home, lorm, foctory, street, off UTING CAUSE OF DEATH.	g., in or obout 22C. WHERE DID (If in Boltimore City, give exoct location) fice bldg., etc.) INJURY OCCUR?
UTING CAUSE OF DEATH.	
22D. TIME (Month) (Doy) (Year) (Hour) 22E. INJURY OCCURRED	22F. HOW DID INJURY OCCUR?
OF INJURY	T WHILE
(AFFROX.) m. WORK AT	WORK L
23.	
t certify that I held an Inquiry Inspection X A	autapsy and that an this basis, death In my opinion
resulted from: Notural causes Accident Suic	tide Hamicide Undetermined manner
TOSONOS TOSOS COSPOS LA PROPERTIE DE SONO	
ACTUAL MADO ON	CHIEF MEDICAL EXAMINER DATE SIGNED
SIGNATURE CONSTRUCTION AND AND AND AND AND AND AND AND AND AN	ASSISTANT MEDICAL EXAMINER X
	ASSOCIATE MEDICAL EXAMINER   8/12/68
EXAMINER'S Werner U. Spitz, M.D.	
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETER	Y ar CREMATORY 24D. LOCATION (City, town, or county) (State)
REMOVAL (Specify)	(diff, lowing of county)
Birial 8-15-1968 Region Crash	Ch. Cemetery Heath Springs, Rock Hill, S. C.
25A. DATE REC'D.BY HEALTH DEPT.   25B. NAME OF REGISTRAR	Ch. Cemetery   Heath Springs, Rock Hill, S. C.
AIIC 4 - 400/	
AUG 16 1968 Relieb E. Failer	George J. Gonce, 4001 Ritchie Hgwy., Balti-



IMPORTANT

FUNERAL DIRECTOR:

BALTIMORE CITY HEALTH DEPARTMENT

Page 1 N Pag

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VS 151-REV. 1/1/68

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68-8384 BALTIMORE CITY HEALTH DEPARTMENT

	DALIMORE CITT	ICALIII DEI AKTMENT	20	17075
MEDICAL	EXAMINER'S	CERTIFICATE OF DEATH	68-	838

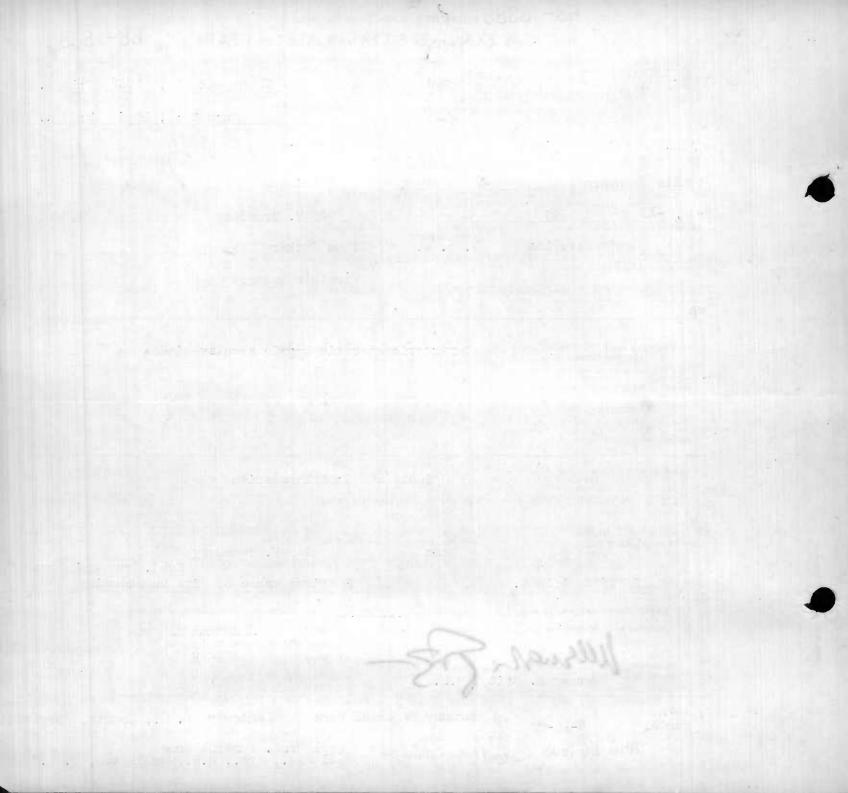
BIRTH NO.	MEL	ICAL EX	AMINER 5	LEKTIFI	CATE OF	DEAT	H REG. NO.		
I. NAME OF DEC	CEASED			2. DATE	Known 🖹	Month	Doý	Yeor	Hour
(Type of Print) 5	ZYZBANUS MUR	RAY		OF DEATH	Estimoted	. 8	13	68	12:00 pM.
4. PLACE IN BAL	TIMORE, MARYLAND, V	VHERE PRONOU	NCED DEAD	3. DATE		Month	Doy	Үеог	Hour
FULL NAME OF HOSPITAL	ADDRESS OR LOCA	AL OR INSTITUTION	N, GIVE STREET	PRONOI	JNCED DEAD	Angus	4 10	1968	12:00 p M.
OR INSTITUTION				5. USUAL R A. STATE	ESIDENCE (When				
/ CEV	St. Agnes H	ospital	D.O.A.				-		
6. SEX		MAKKIED	NEVER MARRIED	C. CITY OR			D. INSIDE C	ITY LIMITS?	
Male 9. DATE OF BIRTI	White	WIDOWED	DIVORCED LX	Wasi	nington D	.C.	Υ	ES 🔲 🔝	ио Ц
	lost birthda		Doys Hours Min.	E. SIKEEL A	HIND HOMBER				V-48
Sept. 1	9,1918 49	12 CIT	IZEN OF	13. FATHER	10 5th N.	W. Wash	ington	D.C.	V - ' /
			AT COUNTRY?	1					
	h Carolina	148 KIND OF BU	USA	Le	vi Murra	y			
done during most of w	PATION (Give kind of work vorking life, even if retired)	146. KIND OF BU	SIINESS OK IINDOSIK	1 3. MOTHE	C3 MAIDEN NA	WE			
Cook		- FORGES		E	elyn Ire	ene Del	llinger		
(Yes, no or unknown)	ED EVER IN U.S. ARMED (If yes, give wor or dotes	of service)	7. SOCIAL SECURITY NO.	18. INFORM	MANT		A	DDRESS	
No		2	43-22-7966		Evelyn F	Hoyle.	Mt. A		Id.
1.E81F	1.71		CAUSE OF DEA	TH					PROXIMATE INTERVAL EEN ONSET AND DEATH
DISEAS	E OR CONDITION DIRE	CTLY							
	LEADING TO DEATH		(A)IMMEDIATE	AUSE Mu	ltiple tr	aumatio	injuri	ės	
(This does not heart failure)	ot mean the mode of dy , asthenia, etc. It means the	ing, e.g., diseose,	DUE TO, OR	AS A CONSEQ	UENCE OF:				
Injury or con	aplication which caused de	oth.)							
	NTECEDENT CAUSES		(B)						
DISEASES O	OR CONDITIONS, IF ANY	, GIVING	(B) DUE TO, OR	AS A CONSE	QUENCE OF:				
I IINIDEGLAIN	G CONDITION LAST.		(c)						
E 812	, the II								
OTHER SIGN	IFFICANT CONDITIONS CONTINUES CONTINUES TO	ONTRIBUTING							
DISEASE OR	CONDITION GIVEN IN P	ART 1 (A).							
OTHER SIGN TO THE DEAD DISEASE OR 20A. DATE OF	OPERATION 20B. COI	NDITION FOR W	HICH OPERATION W	AS PERFORM	ED			21. AUTO	PSY? (Yes or No)
									YES
	NAL CAUSE WAS	22B. PLA	ACE OF INJURY (e.g., orm, foctory, street, offic	in or obout 2 e bldg., etc.) II	2C. WHERE DID	(If In Boltimor	re City, give exc	oct locotion)	63-00
D UTING □ CA	USE OF DEATH.	Str			U.S. Rt.	#1 1000	Oft. N.	of Whi	skey Botton
OF INJURY	(Month) (Doy) (Year		INJURY OCCURRED		2F. HOW DID IN	JURY OCCI	JR?		Rd.
(APPROX.)	8 13 68	m. WHI	RK NOT	WHILE ORK XX	Pedestri	an str	uck by a	auto	
23.	ify that I held an I	nquiry 🔲 🛘 I	nspection 🗌 Au	tapsy 🔯	and that an t	his basis,	death in my	opinion	
result	ed from: Natural cou	ses Acc	ident XX Suicio		micide 🗌	Undetermin	ned manner [	100	
	A VI				CHIEF MEDICAL				
ACTUAL	DANAT	1016	~	ASSI	STANT MEDICAL	EXAMINER	XX		DATE SIGNED
SIGNATU		V.W	M.D		CIATE MEDICAL			6 -	
NAME (T		. Wilson	. M.D.	A330	CIAIL MEDICAL	EXPERIMEN	Aus	gust 14	, 1968
24A. BURIAL CREA	MATION, 24B. DATE	24C.	NAME of CEMETERY	ar CREMATO	RY 24D.	LOCATION		n, or county)	
Buria	1 Aug. 16		Pine Gro				Mt.	Airy,	Md.
25A. DATE REC'D	BY HEALTH DEPT	25B. NAME O	0 / 4		UNERAL DIRECT		A	DDRESS	
	TAM TO 1900	Hobbert	E, terber, Ma	01	in L. Mo	leswor	rth, Da	mascus	, Md.

. D. S. de Sandalpulle . N. fi da J. Fall . No all the second and the second a  F-630

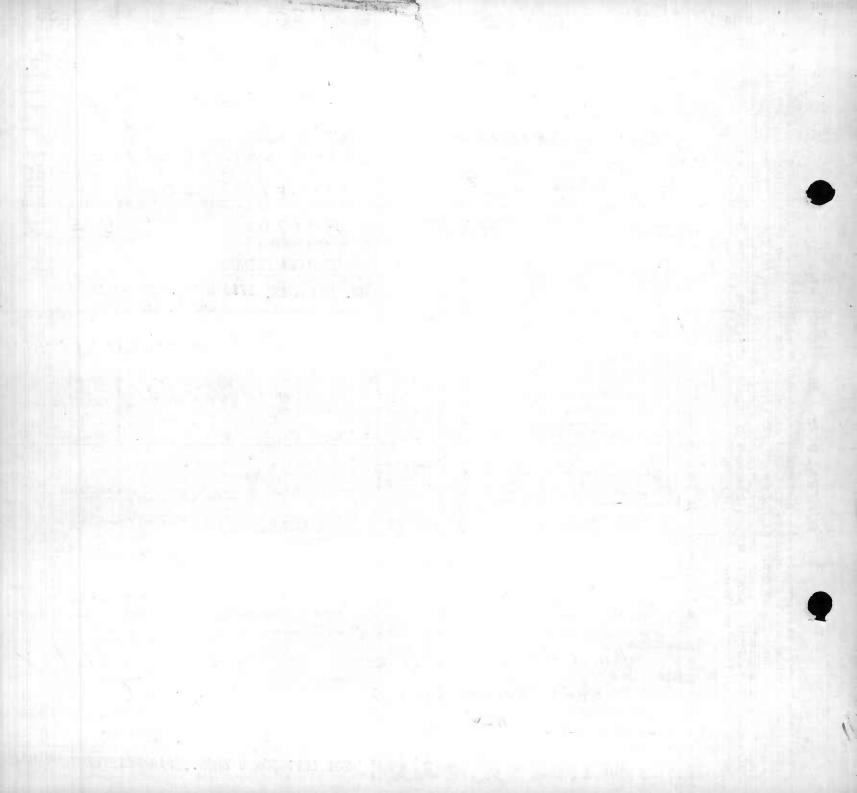
68-8385 BALTIMORE CITY HEALTH DEPARTMENT

	MED	ICAL	EXAMINER	'S CI	ERTIFIC	CATE O	F DEAT	H REG. NO	68-	83	885
BIRTH NO.											
1. NAME OF DECEASED (Type or Print) BERTHA			FORD	2	OF DEATH	Knawn   Eslimoted	Month Augus	Doy	Year 1968	2:2	20 A. M.
4. PLACE IN BALTIMORE, MA	RYLAND, W	HERE PR	ONOUNCED DEAD	3	B. DATE		Month	Day	Year	Haur	
FULL NAME OF (IF NO HOSPITAL ADDRE	IN HOSPITA	L OR INST	TITUTION, GIVE STREET			NCED DEAD		st 12,			20 А. м.
Johns Hopkins	Hospit	a1			A. STATE Ma	ryland	ere deceased li	B. COUNTY		erare a	amissian)
6. SEX 7. RACE		8. MARR	IED NEVER MARRI	ED 🔲	C. CITY OR	TOWN		D. INSIDE	CITY LIMITS	-	
female negro		WIDOW			g	altimore		1	YES X	NA	1
9. DATE OF BIRTH	10. AGE (In	yeors	If Under 1 Yr. If Under	24 Hrs. E		ND NUMBER			الما لما دا		
913	lost birthdoy		Manths, Days, Hours	i	9	45 N. Bi	coadway				
11. BIRTHPLACE (State or foreig	n country)		12. CITIZEN OF		3. FATHER'S	NAME					
South	Carolin	a	WHAT COUNTRY?		Titus	Tucker					
14A.USUAL OCCUPATION (Give	kind of work	4B. KIND		DUSTRY 1			IAME				
done during most of warking life, ev	en if refired)				1/4 ma	inia Sea	amo no				
16. WAS DECEASED EVER IN	U.S. ARMED	FORCES	? 17. SOCIAL	1	8. INFORM		TINIE_		ADDRESS		
(Yes, no or unknown) (If yes, give v	or or dotes	of service	SECURITY N								
19.9			CAUSE O	F DEATH	1						TE INTERVAL
4 5 5 6	TION DIDEC									ELIA OIA	DET AND DEATH
DISEASE OR COND LEADING TO		.ILY				c Cardio	ovascula	f Disea	ase		
(This daes not meon the		00. 00.		DIATE CA		IENI CE OE					
heart foilure, osthenio, etc.	It means the	disease,	DUE	IU, OR AS	A CONSEQI	JENCE OF:					
Injury or camplication which	n cousea deo	in.)									
ANTECEDENT	CAUSES		(p)								
DISEASES OR CONDITION	ONS, IF ANY	GIVING	DUE 1	O, OR AS	S A CONSEC	UENCE OF:	*****				
RISE TO THE ABOVE CAN		ING THE									
Z ONDERENING CONDIN	011 (2011		(c)								
E E 916.0	11									,	
OTHER SIGNIFICANT CONTO THE DEATH BUT NOT DISEASE OR CONDITION DATE OF OPERATION	RELATED TO	THE TERM	INAL Smo	oke a	nd Soo	t Inhala	ation			*	
20A. DATE OF OPERATION	1 20B. CON	IDITION	FOR WHICH OPERATI	ON WAS	PERFORM	ED			21. AUTO	PSY? (	Yes or Na)
0/2										Yes	
22A. EXTERNAL CAUSE	WAS		22B. PLACE OF INTUR	RY(e.o., in	ar about 2	C. WHERE DI	D (If in Boltimo	re Cltv. give e	exact lacation)	100	
() WILLIAM TOWN TO VOS CON			22B. PLACE OF INJUR home, farm, foctory, stre	et, office l	bldg., etc.) IN	JURY OCCUR	?		,		
UTING CAUSE OF DEA  22D. TIME (Month) (D			home				Broadw				
OF INJURY (Month) (D	oy) (Yeor	) (Hou		JRRED	22	HOW DID	INJURY OCC	UR? Sub	j. burn	ed i	house
(APPROX.) 8/12/68	3 1:50	) A.	m. WHILE AT	NOT W	HILE X	fire; ca	ause of	fire un	ndeterm	ined	
23.											
I certify that I h			Inspection _		psy X		n this bosis,	deoth in m	y opinion		
resulted from: N	otural cau	ses	Accident	Suicide	☐ Ho	micide 🔲	Undetermi	ned monner	· X		
	110	- 1				HIEF MEDICA	L EXAMINER			DATE	SIGNED
ACTUAL	Bu	2/1	1 75	> 117	ASSIS	TANT MEDICA	AL EXAMINER	X		DAIL	SIGNED
SIGNATURE EXAMINER'S W	erner (	J. Sp	itz, M.D.	M.D.	ASSO	CIATE MEDICA	L EXAMINER		8,	/12/	68
NAME (Type)	4B. DATE		24C. NAME of CEN	AFTERY -	CREMATO	PY 12	D. LOCATION	J (City to	wn, or county)		(Stote)
REMOVAL (Specify)	40. DAIL										
Rumini	8-16-6		Harmony N	emor.	10			•		ty,	Marylan
25A. DATE REC'D BY HEALTH	6 1968	25B. N	AME OF REGISTRAR	ku MA	25C. F. Ha.	UNERAL DIRE	Funera Ave., N	1 Home	ADDRESS	n F	) C
			,		J 02.	- Lace		e ,	PITTING COL	ا واد	

/S 151.REV 1/1/68



VS 150-REV, 1/1/68



1. NAME OF DE (Type or Print)	SARA	H	CHISLOW		2. DATE AN	2/12/00	
3 PLACE IN BA	LTIMORE MARYLAND.			4. USUAL RESII		9/12/68	institution: residence be
S. PERCE III DA	CHINORS MARIEMID,	WHERE PROMOT	ONCID DIAD	A. STATE	B. COUN	TY	17-
FULL NAME OF	F (IF NOT IN HOSP ADDRESS OR LO	TAL OR INSTITU	UTION, GIVE STREET	MARY LANT		1- 0	1
INSTITUTION				C. CITY OR TOW		D. fN	NSIDE CITY LIMITS?
1 EVIN	DALE NO	IRSING	HOME	BALTIMONE STREET AND			YES X NO
91					DALE AG	ED HONE	
5. ŞEX	6. RACE	7. 44 4 55155	NEVER MARRIED			9. AGE (In years	If Under 1 Yr. If
1				B. DATE OF NE	=1877	lost birthdoy)	Months Doys Ho
FEMALE	WHITE CUPATION (Give kind of we	WIDOWED	U,C)	Y 11 RIPTHPLACE	(State or fore)	go country)	112. CITIZEN OF WH
	f working life, even if retired		TOTAL STATE OF THE OWNER	The State of the S	. (Signe of fole)	g 0001111/1	
HOUSEL		AT I	HOME	RUSSI			u.s.
13. FATHER'S NA	AME			14. MOTHER'S		ME	
	UNKNOWN			(	UNKNOWN		
S. Was Decease	d Ever in U. S. Armed F	orces?	1 6. SOCIAL	17. INFORMANT			ADDRESS
	my yes, give wor or do	nes ui service!	SECURITY NO.	UD CAUUS	דו פאפני	AN 110 OU	TOWARD AUT
NO	0 11		CAUSE OF DEA		EL GUKM	AN, IIU SH	ERWOOD AVE.
DISEASES	nol meen the mode of a control of the course	ns the disease, ad death.) ES ony, giving	(B) Chron	AUSE ACUITE  LIC CONTROLL  S A CONSEQUENCE  S A CONSEQUENCE  COSCLETOTIC	uany i	Insufficie	rucy seven Disease usang
DISEASES ise to I UN DERLYIN  OTHER SIGN TO THE DO TO THE DESEASE OR	o, osthenio, etc. II meony mplicolion which coust antecedent CAUSI OR CONDITIONS, if he obove couse (ANG CONDITION lost.  I I I I I I I I I I I I I I I I I I I	ns fhe diseose, ad deoth.)  ES  ony, giving b) stoling the  ONTRIBUTING THE TERMINAL ART 1 (A).	(B) Chrone DUE TO, OR A (C) Xrteri	uic Corri s a consequence ioscleration hetes Me	nary Cardi	Insufficie Povascular	ncy seven Disease man
DISEASES ise to I UN DERLYIN  OTHER SIGN TO THE DO TO THE DESEASE OR	o, osthenio, etc. II meonomplicotion which couse ANTECEDENT CAUSI OR CONDITIONS, if the obove couse (ANTECEDENT CONDITION LOST.  I I I I I I I I I I I I I I I I I I I	ns fhe diseose, ad deoth.)  ES  ony, giving b) stoling the  ONTRIBUTING THE TERMINAL ART 1 (A).	(B) Chrone DUE TO, OR A (C) Xrteri	uic Corri s a consequence ioscleration hetes Me	nary Cardi	Insufficie	ency seven
DISEASES UN DERLYIN  OTHER SIGN TO THE DEPLYIN  OTHER SIGN TO THE DEPLYIN  OTHER SIGN TO THE DEPLYIN  OTHER SIGN TO THE OFTH DISEASE OR  19A. ACCID OR CONTRIL  DEATH (not)	o, osthenio, etc. II meonomplicotion which couse ANTECEDENT CAUSI OR CONDITIONS, if the obove couse (ANTECEDENT CONDITION LOST.  I I I I I I I I I I I I I I I I I I I	ony, giving only slotling the Contributing the Contributing the Contribution for the Contribu	(B) Chrown DUE TO, OR A  (C) Arter  Chrown  (C) Arter  WHICH OPERATION  PLACE OF INJURY (e.g., lorm, foctory, street, lord,	s a consequence osclerotic	Cardy  Cardy  Yes or No	ousscular  208, IF YES, WER	Direase MAN
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DISEASES HISE TO THE DEPLOYER OF CONTRIL  21A. ACCID OR CONTRIL DEATH (notice)	or ostherio, etc. II meony mplicolion which couse ANTECEDENT CAUSI OR CONDITIONS, if the obove couse (ANTECEDENT CONDITION SOLUTION SOLUTI	ony, giving only slotling the Terminal (A).  ONTRIBUTING THE TERMINAL ART 1 (A).  TODITION FOR VERFORMED  21B. hometc.	(B) Chrown DUE TO, OR A  (C) Arter  WHICH OPERATION  PLACE OF INJURY (e.g., lorm, foctory, street, lorm)	is a consequence of sclerofic sclerofic sclerofic sclerofic sclerofic sclerofic scheme	Cardi	ovascular  208. IF YES, WER IN CERTIFYING C	Disease MANY  RE FINDINGS CONSIDER CAUSES OF DEATH?
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Head Head Farler Is 6 to recording the Condensation Robert surgerished Localetos Hellife. Some Hagarded of Bullians NEWSCHALL COMMUNICAL

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H NO.		

BALTIMORE CITY HEALTH DEPARTMENT

REG NO.	68-	8388
- X		

BIRTH NO.		CERTIFICA	TE OF DE	EATH	KE GINO.		
INAME OF DECEASED  Type of Print) SAMUEL	RUI	E	7	-	D HOUR OF DEA	TH I	11:15 2,
3. PLACE IN BALTIMORE, MARYLAND, W	HERE PRONOL	JNCED DEAD	4. USUAL RESID	B. COUN	e deceased lived.	If institution: re	esidence before admission
FULL NAME OF (IF NOT IN HOSPITA	AL OR INSTITU	JTION, GIVE STREET	Md		el timore	1/2	53-00
HOSPITAL OR ADDRESS OR LOCA	ATION)		C. CITY OR TOW	0		NSIDE CITY LI	
LEVINDALE HEBREN	Hom	E XINF.	Balt	imov	e	YES	NO 🗌
Elvedue at 60	eenspr	ing are.	E. STREET AND	NUMBER	7902 TEF	RRAPIN C	COURT
S. SEX 6. RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRT		9. AGE (In years tost birthday)	If Under Months	T Yr. II Under 24 Hrs Doys Hours Min.
MALE WHITE	WIDOWED	DIVORCED			90		
OA, USUAL OCCUPATION (Give kind of work lone during most of working life, even if retired)	10B. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE	(State or fore	ign country)	12. CITI2	EN OF WHAT COUNTRY
SELF EMPLOYED	COOPER	RAGE	RUSSIA				U.S.A.
3. FATHER'S NAME	000101	0100	14. MOTHER'S A		ME		4,0,71
JACOB RUDE			RIVKA	?			
5. Was Deceased Ever in U. S. Armed For Yes, no or unknown) (If yes, give war or date	rces? es of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT	14.	An sort	790	ADDRESS 2
NO			Mrs. Ki	ly as	Navidsk	y Terr	afoir Court
18. 44.10.9		CAUSE OF DEAT	Н	-		44	SAPPROXIMATE INTERVAL
DISEASE OR CONDITION DIE	RECTLY			-		, 1	T 1
LEADING TO DEATH		(A)IMMEDIATE CAL	ISE Myo	carle	al Inf	arctia	うちんから
(This daes not mean the made of heart failure, asthenio, etc. It means		DUE TO, OR AS	A CONSEQUENCE	OF:			
injury or complication which caused							,
ANTECEDENT CAUSES		The Asi	CVD				Years
DISEASES OR CONDITIONS, if	ony, giving	DUE TO, OR AS	A CONSEQUENCE	OF:			
rise to the above cause (A) UNDERLYING CONDITION last.	stating the	(0)			#II		
./ 3		(C)					
OTHER SIGNIFICANT CONDITIONS CO	NTPIRITING						
TO THE DEATH BUT NOT RELATED TO THE	HE TERMINAL		***************				
	DITION FOR V	WHICH OPERATION	20A. AUTOPSY	1? (Yes or No	20B. IF YES, WE	RE FINDINGS	CONSIDERED
19A. DATE OF OPERATION 19B. CON WAS PERI	FORMED		No		IN CERTIFYING	CAUSES OF	DEATH?
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)		PLACE OF INJURY (e.g., i e, lorm, foctory, street, o			(If in Balti	imare City, glve	e exoct locotton)
			4				
21 D. TIME (Month) (Doy) (Year) OF INJURY		INJURY OCCURRED		M DID INT	URY OCCUR?		
(APPROX.)	Woi	ite At Not While		3.	4/2.		
22. I certify that (1) (this haspital	i) ottended ti	he deceased from	7-	/	19 <u>6 /</u> to	8-1	3 - 19 68
that(() (we) lost sow the decease		12 - 17 - 1	8 19			oninion des	th occurred on the dot
(.)					(001)	opinion deoi	occorred on the do
ond hour ond from the couses stot	red obove.	)(me) did (did not) v	riew the body of	ter deoth.		228 847	E CIGNED
/Arda	2	DEGREE Phy		ed.	Staff Phys.		13-67
23C. PHYSICIAN'S			23D. ADDRESS	٠,			111 212 04
JOSE ARDAIZ	_	DEGREE	7 OBERL			wson	Mai. 21207
REMOVAL (Specify) 24B. DATE	24C. NA	AME OF CEMETERY OF CRI	MATORY	24D. L	OCATION	(City, town, o	r county) (Stote)
KENTO VAL (Specify)							
BURIAL 8-14-6	8 TIFE	RETH ISRAEL AN	ISHE SFARD	ROS	EDALE. MAI	RYLAND	

V\$ 150-REV. 1/1/6B

SOL LEVINSON & BROS., 6010 REISTERSTOWN ROAD

Clobert E, Warren

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	00 0	BALTIMORE CITY	HEALTH DEPA	RTMENT	C	0_ 0200
	68-8	SOS CERTIFICA	TE OF D	EATH REG. N	10	8-8389
BIRTH NO.	FACED			2. DATE AND HOUR OF	DEATH	
(Type or Print)	Herbert Mag	mand In		August 13,		2 330
2 DI ACE IN RAI	TIMORE MARYLAND, WHERE PR		TA USUAL RESTI	DENCE (Where deceased live		residence before admission
S. PLACE IN BAL	MARIEAND, WHERE PR	ONOUNCED DEAD	A. STATE	B. COUNTY		Testerior boile dellissi
FULL NAME OF	(IF NOT IN HOSPITAL OR IN	ISTITUTION, GIVE STREET	Md.	Balt. Cit	У	
NSTITUTION	ADDRESS OR LOCATION		C. CITY OR TOW		D. INSIDE CITY	envinc?
100	902 W. Belve	dere Ave.	Baltim		XES K	40
			E. STREET AND			
			1	Belvedere A		
. SEX	6. RACE 7. MAR	RIED NEVER MARRIED	B. DATE OF BIRT	7. AGE (In year last birthday)	Month:	ler 1 Yr. If Under 24 H Doys Hours Min.
Male	White WIDO	WED DIVORCED	April 1	8.1885 83		
	UPATION (Give kind of work 10B. KIN working lile, even if retired)		11. BIRTHPLACE	(State or foreign country)	12. CI	TIZEN OF WHAT COUNT
		ynard & Child	Dondrow	Mann	TI	S.A.
Import		Inc.	Boston 14. MOTHER'S	MAIDEN NAME	10,	Den.
			10			
	Herbert Maynar	d		lia Hitchcoc	k	ADDRESS
es, no or unknown	Ever in U. S. Armed Forces?	1 6. SOCIAL SECURITY NO.	17. INFORMANT		902 W	Address Belvedere
Yes	W.W. I	218 03 5926	Irene J	. Maynard	/UL 11.	Avenue
18.//	7.91	CAUSE OF DEAT		<u> </u>		APPROXIMATE INTERVA
DISEASES (	ANTECEDENT CAUSES  OR CONDITIONS, il any, g le above cause (A) stating G CONDITION last.	9	ALONSEQUENC	E OF:	CUA	
331	V II					
OTHER SIGN	FICANT CONDITIONS CONTRIBUT					
TO THE DEA	TH BUT NOT RELATED TO THE TERMI CONDITION GIVEN IN PART 1 (A).	NAL				
		FOR WHICH OPERATION	20A. AUTOPS	Y? (Yes or No) 20B. IF YES, IN CERTIFYIN	WERE FINDING NG CAUSES OF	S CONSIDERED
OR CONTRIB	NT WAS UNDERLYING UTING CAUSE OF y medical examiner)	21B. PLACE OF INJURY (e.g., home, form, factory, street, o etc.)	in or about 21 C. W ffice bldg., INJURY	HERE DID (If In	Boltimore City, g	ive exact location)
21D. TIME	(Month) (Doy) (Year) (Hour)	21E. INJURY OCCURRED	21 F. H	OW DID INJURY OCCUR?		
(APPROX.)		While At Not Whi				
	1 . (1) (			10 (X)		13 196V
	that (1) (this haspital) attend		17 12 6	19 \$		
	) last saw the deceased alive	(1	19		or) apinian de	ath accurred an the d
	d from the causes stated aba	ve. (1) (We) (did) (did not)	view the bady a	fter death.		
23A. SIGNATI	alty 3 B	h h Degree Phy		ied. Staff Phys.	238. 0	14/68
23C. PHYSICIA			23D. ADDRESS			7
TAINE (	WALTER	B. Buck	18	FFAR	FR.	-21207
24A. BURIAL CR	MATION, 248, DATE 2	C. NAME of CEMETERY OF CR	EMATORY	24D. LOCATION	(City, town,	or county) (State

VS 150-REV. 1/1/6B

2SA. DATE REC'D

Jenkins & Sons Balt. Md. Henry W.

Cremation

24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)

8

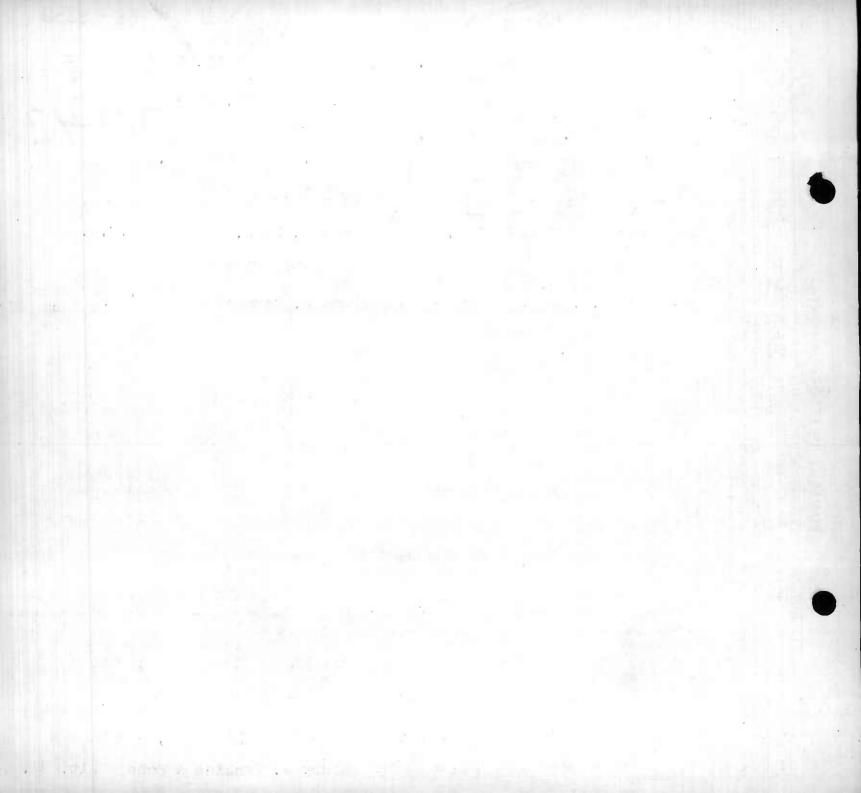
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Green Mount Crematory Baltimore

Maryland ADDRESS



IMPORTANT

FUNERAL DIRECTOR:

VS 150-REV. 1/1/6B

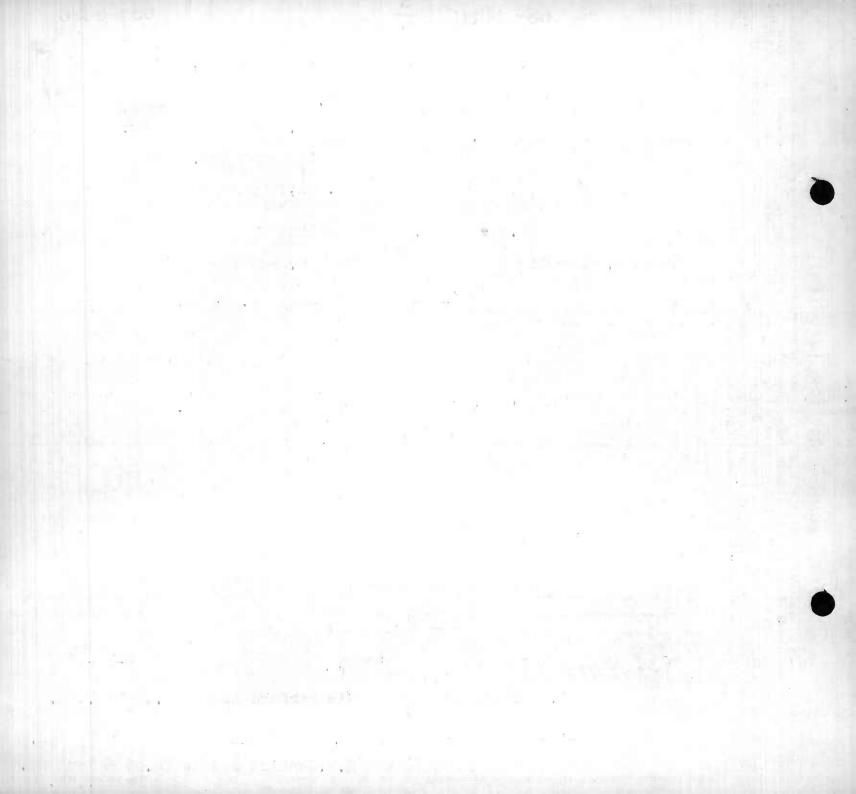
BALTIMORE CITY HEALTH DEPARTMENT

12. CITIZEN OF WHAT COUNTRY? USA ADDRESS Same APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 2 lers. 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If th Boltimore City, give exoct location) and that In(my) (aur) apinian death accurred an the date 23B, DATE SIGNED 8-16-68 Balto.,Md. (City, town, or county) Md. ADDRESS H.W. Jenkins & Sons Co. 4905 York Rd. Balto.,Md.

NO

Hours

If Under 24 Hrs.

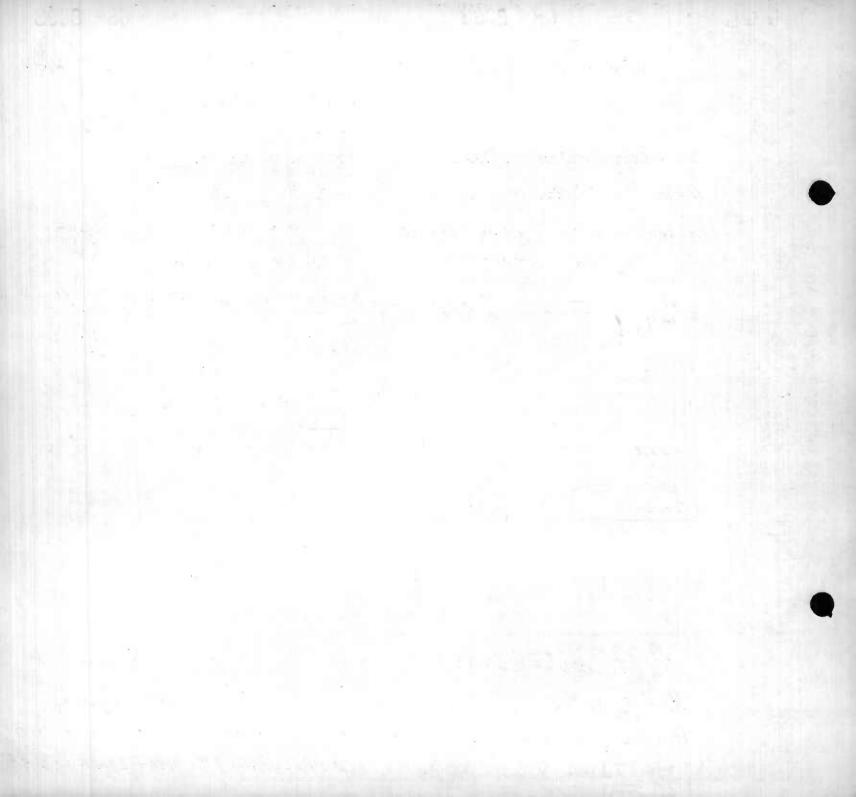


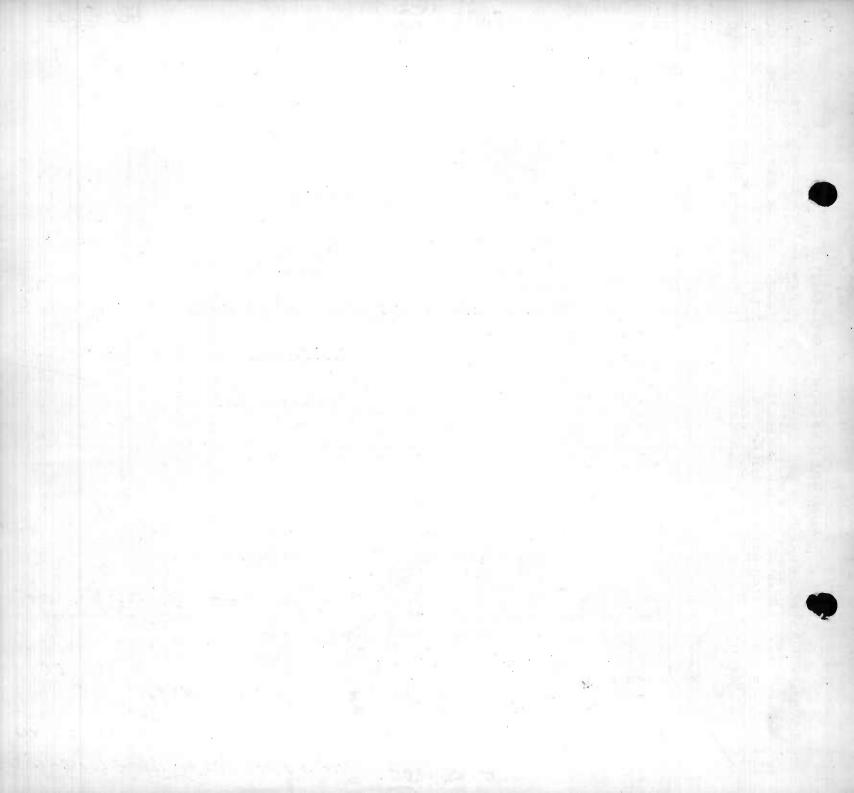
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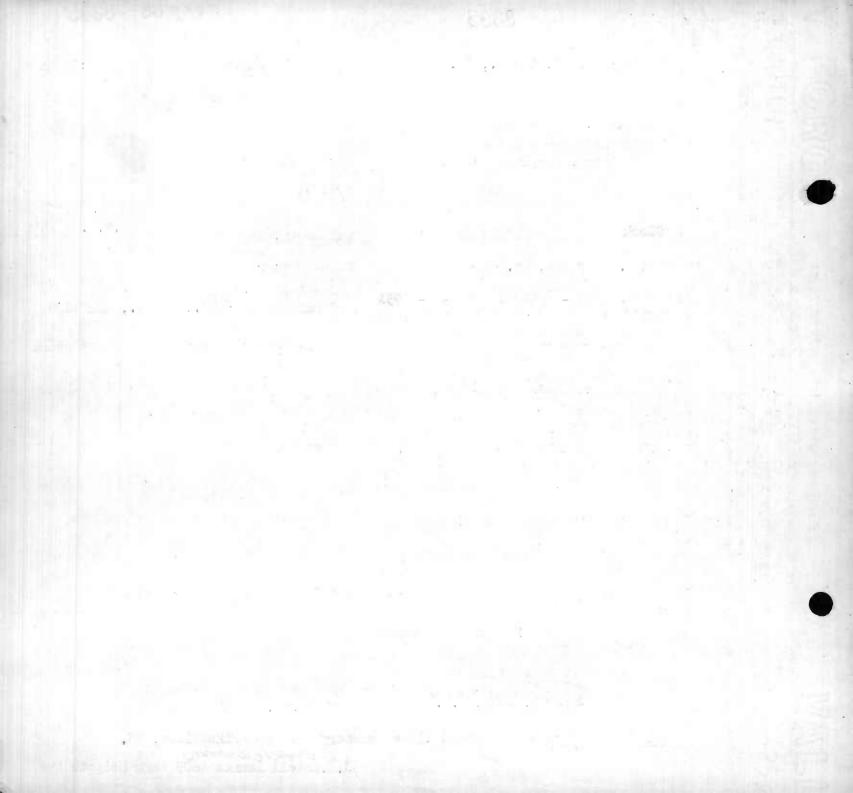
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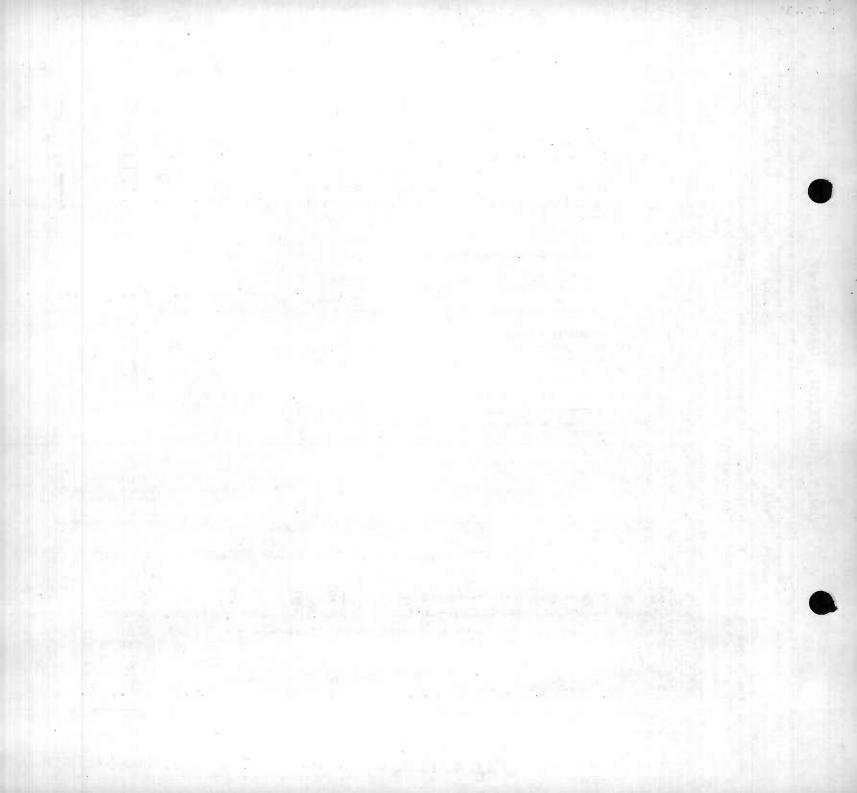


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		68	- 835	BALTIMORE CITY	HEALTH DEPARTMENT	f ',	68- 8396
			000	CERTIFICA	TE OF DEATH	REG. NO	00 0000
BIRTH NO.	DF DECEASED				DATE A	ND HOUR OF DEATH	
(Type or Pr							
			der A.			ust 16, 196	
3. PLACE	IN BALTIMORE, MA	RYLAND, W	HERE PRONOU	NCED DEAD	A. STATE B. COU	ere deceased lived. If i	institution: residence before admission)
FULL NAM	ON			TION, GIVE STREET	C. CITY OR TOWN Baltimore	ltimore D. UNI	YES NO NO
00	5205 Ethe	elbert	Ave.		5205 Ethelbe	ert Ave	
S. SEX	6. RACE		7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.
W. 2 .	7.77-		WIDOWED		mak 2 7002	lost birthday)	Months Days Hours Min.
Male		ite		_	Feb 3, 1893	12	12. CITIZEN OF WHAT COUNTRY
	mast of working life, ex		TOD. KIND OF	BOSHIESS OR HIDOSIKI	The Brettine ACE (Sidie of 10)	eign country/	12. CHIZEN OF WHAT COUNTRY
Nurs	e(Retired	)			Baltimore	Md.	U.S.A.
13. FATHER					14. MOTHER'S MAIDEN NA		
	Jol	nn Kell	v		unknown		
S. Was De	Jol ceased Ever in U. S	. Armed Ford	es?	1 6. SOCIAL	17. INFORMANT		ADDRESS
res, no or u	nknown) (If yes, give	war ar dotes	s at service/	SECURITY NO.	1/ 22	COOF THE . T	hand Assa
W.W	. 1			218 10 4894 CAUSE OF DEAT	Helen M. Kelly	>205 FrueT	Dert Ave.
UNDE UNDE UNDE OTHER TO TH DISEAS	SES OR CONDITION IN THE STATE OF CONDITION SIGNIFICANT CONCE E DEATH BUT NOT R SE OR CONDITION G ATE OF OPERATION	couse (A) ON last.  DITIONS CON ELLATED TO THE	NTRIBUTING TERMINAL TO A).  DITION FOR W	(C)	O S Cleratic A CONSEQUENCE OF:	No) 20B. IF YES. WERE	FINDINGS CONSIDERED AUSES OF DEATH?
19A. D.		WAS PERF	ORIVIED			IN CERTIFIED C	AUSES OF DEATH:
OR CO	CCIDENT WAS UNDITRIBUTING CA	USE OF	21B. hame etc.)	PLACE OF INJURY (e.g., i e, larm, factary, street, o	in ar about 21C. WHERE DID ffice bldg., INJURY OCCUR?	(If In Boltimo	ore City, give exact location)
□ 21D. TI		Doy) (Year)	(Hour) 21E.	INJURY OCCURRED	21F. HOW DID IN	IJURY OCCUR?	
2 01 114			Whil	e At Nat Whil			
(APPRO	J K.1		Warl	At Wark			1 1
22. 1	certify that (I) (ch	is hospital	) attended th	e deceased fram	Mary	19 6- 6 ta	1904 ST/7196
	l) (we) last saw ti			Rue 1	3 19/6 8 and	7	pinian death accurred an the dat
							midit death accurred an the dat
		causes stat	ed abaver (1)	(did) (did not)	view the bady after death		
23A. SI	GNATURE	1	1/0/				23 B. DATE SIGNED
	Dem	us H	4 tul	7 4 Dh.	ending Med.	Staff Phys.	8/14/10
23C. DI	VSICIAN'S	-1/0	0	DEGREE PRY	23D. ADDRESS	C. I	10/1/00
N	ME (Type)		H K.	by mo	5 71 3	, Var KI	HIMITS BR
1	5 91	nouv	11 - 156	DEGREE	1301	T.more	+ 4/1 d 2 , 2/x
		B. DATE	24C. NA	ME of CEMETERY OF CR	EMATORY 24D.	LOCATION (C	Olly, town, or county) (State)
REMO	OVAL (Specify)				1 0 1		
	Burial REC'D BY HEALTH	8/16/68 DEPT.	Bal Bal	timore Nation		Baltimore, N	id.
25A. DATE			25B. NAME O	FREGISTRAR	25 EUNERAL DIRECT	JUMINIT V	ADDRESS
	AUG 1	9 1968	Ola Par b	E starbenna	/I.E. Lowell	Lemmon 4609	Park Heights Ave
			-		7		

VS 150-REV. 1/1/6B



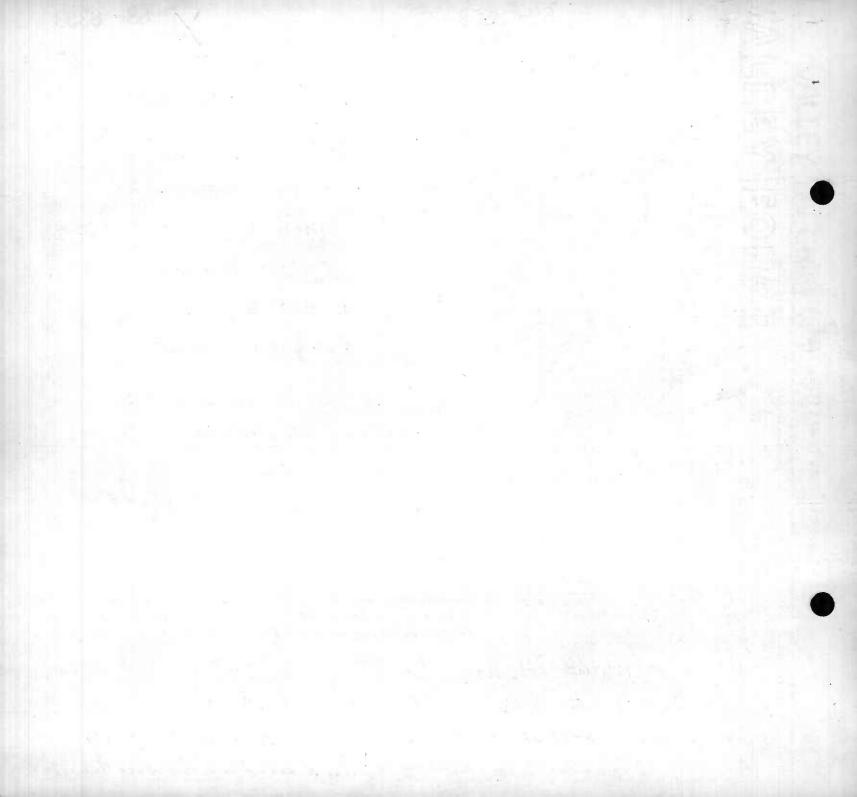
IMPORTANT

DIRECTOR:

FUNERAL

VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT



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a hospital and

		68- 8	399	CEDTIEICA	TE OF DEATH	REG. NO.	00-	0033	
BIRTH NO.				CEKTIFICA	TE OF DEATH				
I. NAME OF DE Type or Print)		+/3/			2. DATE	AND HOUR OF DEATH	Н		
0 01 4 07 101 0		G. Laun			Aug. 16, 1968 12:05 P.				
3. PLACE IN BA	ALTIMORE, MARY	LAND, WHERE PRO	ONOUNC	ED DEAD	A. STATE B. CO	UNTY	institution: res	idenco betore admissio	
FULL NAME O	F (IF NOT II	N HOSPITAL OR IN	STITUTIO	N. GIVE STREET	Maryland		2	-04	
INSTITUTION	ADDRESS	OR LOCATION)			C. CITY OR TOWN	D. IN	SIDE CITY LIA		
	4909 Edw	ondson Ave	4		Baltimore		YES	№ □	
00	7909 Bun	Olmpoli Ave	•		4909 Edmondson Ave.				
. SEX	6. RACE	17			8. DATE OF BIRTH	9. AGE (In years	If Under	1 Yr. If Under 24 H	
Male				NEVER MARRIED		lost birthdoy)	Months	Doys Hours Min.	
	White		D OF BU	DIVORCED SINESS OR INDUSTRY	May 20, 1882	86	12, CITIZI	EN OF WHAT COUNT	
ane during most	ol working lile, even	if retired)					12. 011121	in of man coom	
-	rintenden	t Arunde	1 Sto	ne Co.	Louisville,		U	.S.A.	
3. FATHER'S N					14. MOTHER'S MAIDEN N				
John	1 Laun				Ann Marie F	Coertner			
es, no of unknow	ed Ever in U.S. / vn) (If yes, give w	Armed Forces? for or dotes of servi	ice) 16.	SOCIAL SECURITY NO.	17. INFORMANT		113 141 1	ADDRESS	
No				14-03-4732	Albert J. Lau	n. 4909 Edmo	ndson A	ve. Balto.Md	
18.44	7 4 1			CAUSE OF DEATH				APPROXIMATE INTERVAL	
420	O II	lost.		(c)					
TO THE DE	ATH BUT NOT REL CONDITION GIV		NAL						
		198. CONDITION F WAS PERFORMED	OR WHI	CH OPERATION	20 A. AUTOPSY? (Yes or	No) 20B, IF YES, WERI IN CERTIFYING C			
OR CONTRI	ENT WAS UNDEBUTING CAUS	RLYING D E O F ner)			n or obout 21 C. WHERE DID fice bidg., tNJURY OCCUR?	(If in Boltim	ore City, give	exact location)	
21D. TIME	(Month) (Doy	(Year) (Hour)	21 E. IN.	IURY OCCURRED	21 F. HOW DID I	NJURY OCCUR?			
(A PPROX.)			While A	Not White					
22 1 - 254	(u shas (1) (sh:-	hasaital\ atta-d		leceased fram	A /	10 6 8 - 11	101	10 6 5	
					10 ( 9		4916		
					19 4 8 and		pinion death	accurred an the de	
		uses stated abov	re. (1) (H	(e) (did) (dld not) v	iew the bady after deat	h.	DAR DATE	SIGNED	
23A. SIGNA	20/0-	und		DEGREE Phys	nding Med.	Staff Phys.	23 B. DATE	17/68	
23 C. PHYSIC NAME	AN'S (Type)	F			330. ADDRESS 3225 F	depe	1 0	BULM	
4A, BURIAL C	REMATION. 124B.	DATE 24	C. NAME	DEGREE OF CRE	MATORY 124D	LOCATION	City, town, or	county) (State)	
REMOVAL	(Specily)								
							ryland		
DA. DATE REC	AUG	1968 0	ME OF R	7 10	G. Trumen Schu	rah . 5151 Rel +	Ntl Pi		
Buria Buria 25A. DATE REC	(Specily)	,19.1968	New C	athedral Cem		Baltimore, Mar		21229 ADDRESS	

VS 150-REV. 1/1/68

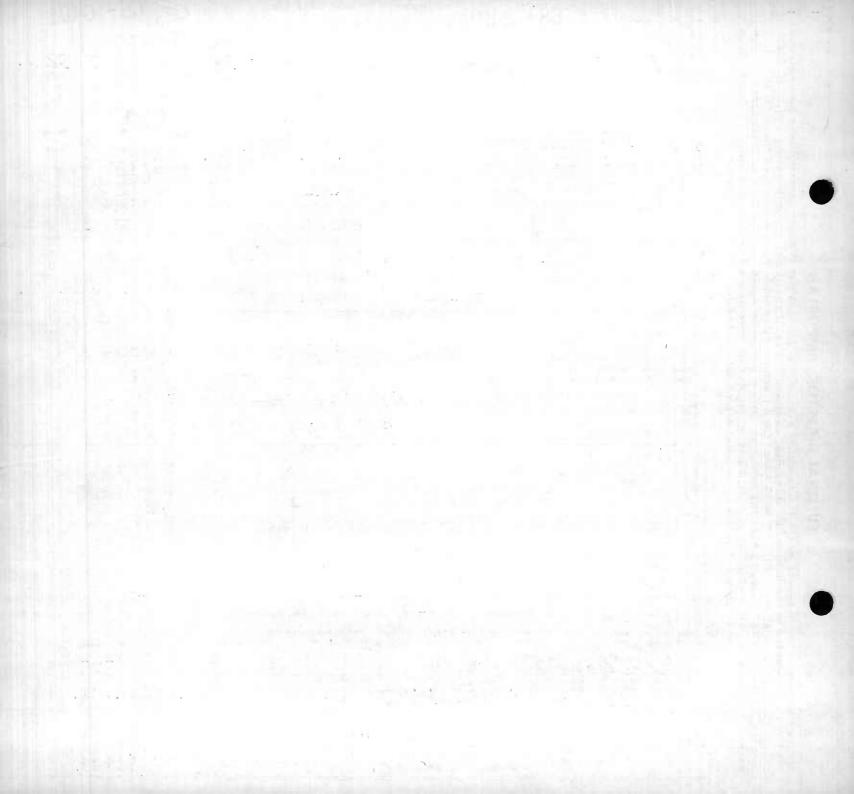
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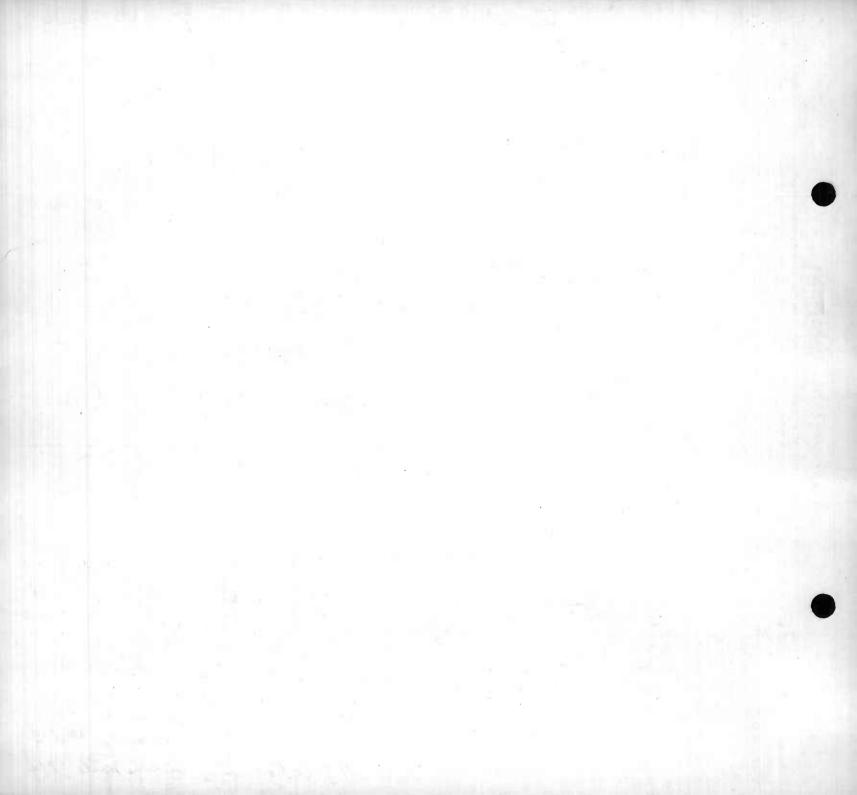
PHATEMARY COM MOSE HE SHOW BONDANA DOME OF STREET, 213 A- 1374 July house houseway. TURNED SALGERA DOTOFRING JORGEOLOGYA BYLLA 6500

Els. De los soutes de las.

RU	24 60	0404	BALTIMORE CITY	HEALTH DEPARTMENT		68- 8404	
DI T	27 00.	- 8401	CERTIFICA	TE OF DEATH	REG. NO	00 0401	
INAME OF D	ECEASED			2. DATE	AND HOUR OF DEATH		
(Type or Print)	LANCHE	BIA	CKWETA	8-1	7-68	7:30	A .M.
3. PLACE IN B.	ALTIMORE MARYLAND, W	HERE PRONOUN	CED DEAD	4. USUAL RESIDENCE (WI	here deceased lived. If	institution: residence before oc	lmission)
FULL NAME O	F (IF NOT IN HOSPIT	AL OR INSTITUTION	ON. GIVE STREET	MARYLAND		V.	
FULL NAME OF HOSPITAL OR INSTITUTION	ADDRESS OR LOCA	(TION)	.,	C. CITY OR TOWN	D. IN	LIDE CITY LIMITS?	
01	BALTIMORE CI	TY HOSPIT	ALS	BALTIMORE		YES X NO	
31	4940 EASTERN	AVENUE		E. STREET AND NUMBER	TO 1750 0100		
	BALTIMORE, M			935 S. BAYL			
FEMALE.	6. RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years lost birthdoy)	Months Doys Hours	24 His. Min.
	WHITE	WID OWED [	DIVORCED	10-17-06	61		
	CUPATION (Give kind of work of working life, even if retired)	10B. KIND OF BU	JSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF WHAT C	OUNTRY?
	- · · · · · · · · · · · · · · · · · · ·			NORTH CAROLIN	A	USA	
13. FATHER'S N				14. MOTHER'S MAIDEN N			
	WHITMAN, Mc	REE		MA	RTHA		
IS. Was Deceas	ed Ever in U. S. Armed For	ces? 16	S- SOCIAL	17. INFORMANT	IOIO ELOMPON	ADDRESS	100
ies, no or unkno	wn) (If yes, give wor or date		5-05-0996	RECORDS: BCH	4940 EASTERN	AVE., BALTO.,	MD.
1B. / C-			CAUSE OF DEAT	H		21224	TERVAL
DISE	ASE OR CONDITION DIE	RECTLY				BETWEEN ONSET AN	D DEATH
	LEADING TO DEATH		(ANIMMEDIATE CAI	ISE DULLARDI	NARY E	MIBNIUS	
	not mean the mode of e, osthenio, etc. It means		DUE TO, OR AS	A CONSEQUENCE OF:			
	omplication which coused						
	ANTECEDENT CAUSES		CAR	CINOMA A CONSEQUENCE OF	OFCER	UIX	
DISEASES	OR CONDITIONS, if	any, giving	DUE TO, OR AS	A CONSEQUENCE OF:			
	the above cause (A) NG CONDITION lost.	stoling the	RA	DIATRON	PROCTI	775	
ONDERCIT			(C)				
O OTHER SIGN	/ X	NTRIBUTING					
TO THE DE	ATH BUT NOT RELATED TO THE CONDITION GIVEN IN PAR	HE TERMINAL	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
		DITION FOR WH	ICH OPERATION	20A. AUTOPSY? (Yes or	No. 208, IF YES, WERE	FINDINGS CONSIDERED	
				YES	7	198	
OR CONTR	DENT WAS UNDERLYING TIBUTING CAUSE OF	21B. PL home,	ACE OF INJURY (e.g., form, foctory, street, o	ffice bldg., INJURY OCCUR?	(If in Baltime	ore City, give exact location)	
DEATH (no	lify medical examiner	etc.)					
21 D. TIME	(Month) (Doy) (Yeo)	(Hour) 21 E. IN	IJURY OCCURRED	21F. HOW DID II	NJURY OCCUR?		
S OF INJURY		While	At D Not Whi	e 🗆			
22. I carri	fy that (1) (this haspital			7-11	19 68 to	8-17 19	68 .
	e) last saw the decease		8-17	10		pinion death accurred an	
						mun death accurred an	rne date
23A. SIGNA		ed abave. (i)	mer (did) (did not)	view the bady after death	1.	23B, DATE SIGNED	
23A, SIGNA	1 10	- /	DIO LAN	ending Med.	Staff 50	8-17-68	
W	illiam Z	. 100	DEGREE Phy	s. Director	Staff Phys.	0-17-00	
23C. PHYSIC NAME	(Type) WILLIAN	I E. POWE	RS M.D.	23D. ADDRESS	COUPDN ATTE	DATTO NO ON	201
n	ILLIAM	E PO	WERSDEREE		SIERN AVE.,	BALTO., MD. 21	224
24A. BURIAL C	REMATION, 24B. DATE	24C. NAM	E of CEMETERY of CR	EMATORY 24D.	LOCATION (	City, town, or county)	(Stote)
P.	10 0 -19	Kin	gs (Emel	eny P	14 D	7. C	
2SA. DATE REC		268. NAME OF		SC. FUNERAL DIRECT	OR IN	ADDRESS)	1
	19 19 1909	Valore 5	- the bearing	welling of	The man	Persoldie	Suc
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VS 150-REV. 1/1/6B



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	00	0.40	BALTIMORE CITY	HEALTH DEPARTMEN		68- 840	13
DISTIL NIO	00.	- 8403	CERTIFICA	TE OF DEAT	H REG NO	00 040	00
BIRTH NO.	ECEASED			2. DAT	E AND HOUR OF DEAT	н	
(Type or Print)	COMETTA M	RUPT	PERSBERGER	\$	115/68	7:3	30 P.N
3. PLACE IN BA	ALTIMORE, MARYLAND, V	WHERE PRONO	UNCED DEAD		Where deceased lived, II	institution: residence be	lore odmission)
FULL NAME O			UTION, GIVE STREET	MD.	B	6/12 Ca 5	3 -00
HOSPITAL OR	ADDRESS OR LOC	ATION)		C. CITY OR TOWN		ISIDE CITY LIMITS?	
MARI	HAND GENE	RAL H	OSPITAL	BALTIMO		YES NO	
40	CHOD SO			4650 K	ENGUADOD AL	JF.	
- SEX	6. RACE	7. 44 4 99150	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	-	Under 24 Hrs
F	W	WIDOWED	I I I I I I I I I I I I I I I I I I I	8/24/92	lost birthdoy)	If Under 1 Yr. If Months Doys Ho	urs Min.
			BUSINESS OR INDUSTRY	11. BIRTHPLACE (State of	r foreign country)	12. CITIZEN OF WH	IAT COUNTRY
11 -	of working life, even if retired)	el T		MD.		434	
3. FATHER'S N	MAKER			14. MOTHER'S MAIDEN	NAME		
G807	45 G. 74	JPPERS	BERGER	MARY	E. DOBER	ER	
S. Wos Deceos	ed Ever in U. S. Armed Fo	rces?	1 6. SOCIAL	17. INFORMANT	,	ADDRESS	-2 22
WO.	wn) (II yes, give wor or dat	es or service)	SECURITY NO. 219-20-542	, U.B. BR	DEN (MPS.)	1401 1578 GLEW BUS	D KD.
10 / / /	A /2		CAUSE OF DEAT			APPROXIM	ATE INTERVAL
7/	0,9	Inf orly	OTTO OT DEATH			BETWEEN ON	ISET AND DEAT
DISE	ASE OR CONDITION DI LEADING TO DEATH			KUYOCAR DI	OF MICARI	(TAC) 1 3	DAY
(This door			(A) IMMEDIATE CAU	J	AC /W/AMC	1200	
	nal mean the mode at e, asthenia, etc. It means		DUE TO, OR AS	CONSEQUENCE OF:			,
	amplication which coused			40 10			
	ANTECEDENT CAUSES	S	(8)	HOUD			
	OR CONDITIONS, if		DUE TO, OR AS	A CONSEQUENCE OF:		***************************************	
	the above cause (A) NG CONDITION last,	sloling lhe	(c) ?	KNO WARY	ERSHA		
420,	./ 11						
OTHER SIGN	VIFICANT CONDITIONS CO		74	LNONARY	EDEKIA		
V DISEASE OR	ATH BUT NOT RELATED TO TO CONDITION GIVEN IN PA	RT 1 (A).		J			**********
19A. DATE O		NDITION FOR Y	WHICH OPERATION	20A. AUTOPSY? (Yes		E FINDINGS CONSIDER AUSES OF DEATH?	ED
¥ 0				NO			
, OR CONTRI	DENT WAS UNDERLYING [	horn	PLACE OF INJURY (e.g., in the, form, foctory, street, of	fice bldg., INJURY OCCU	R? (If in Boltim	ore City, give exact loca	tion)
DEATH (not	ify medical examiner)	etc.					
21 D. TIME	(Month) (Doy) (Year)		INJURY OCCURRED		INJURY OCCUR?		
(APPROX.)		Wh	ile At Work	· D		,	
22 1	for these (1) (this has the			8/11/	1060	8/11	10 60
	fy that (I) (this hospita	_	ne deceased from	- in ha	19 OF to		!У
_	e) lost sow the deceas				nd that in (my) (our) o	pinioh deoth occurre	d on the do
		ited obave. (I	(We) (did) (did not) v	iew the body ofter de	oth.		
23A. SIGNA	.1 6 1	0.	110	- N - 1		23 B. DATE SIGNED	/
ا، مع	M, Clr be	bonos	DEGREE Phys	Med. Director	Staff Phys.	8/15/	68
23C. PHYSIC NAME	IAN'S (Type)			23D. ADDRESS	0 0		
TAME.	M. DE WE	CANTO	& UP MD	MARYLAN	D ROW.	HOSPITAL	
4A. BURIAL CI	REMATION, 248. DATE		AME of CEMETERY OF CRE	MATORY 24	ID. LOCATION	City, town, or county)	(Stote)
REMOVAL		60 T	auden Bowl- C				d
Buri			oudon Park Cem		rederick Ave	., Balto. Mo	
5A. DATE REC	AUG 19 1968	DO ST	OF REGISTRAR	Howard H. H	Hubbard, 4107		
	-9 1000 (	APPLICATION .	C, WILLIAM THE	HOWard II.	iappara, 710/	WITHCHIO TIVE	

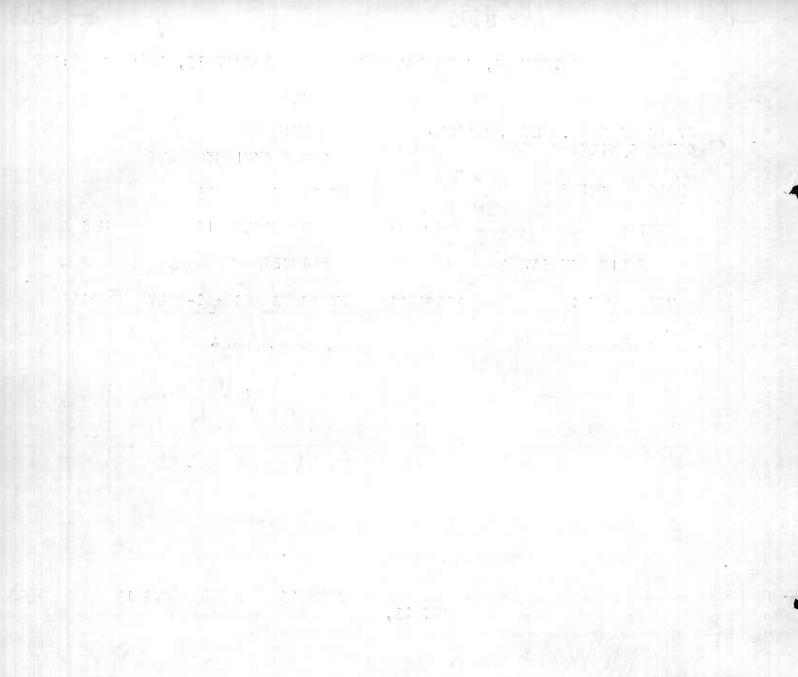
34 THE SHIP SHIPS ASSOCIATIONS YEST BELLEVISION AND El 24/20 62 ALD. GEORGE G. PUPPERSHORED MARKE B. DOBETHAL syg. so syst of B. Margers (with ) will 64 AND REDNEL AUTHORITION ! W124 POLLLOWARY EZERGA

E. Id. 81. be for for the Colored up and American were sent month of the

My word if helperton 43 habite The ... Horneshyanie arrangen B/10/8 in lines on so like ang 14 Herond from ten, me Johns Hopking Hospital, Miller HOWARD SNIER

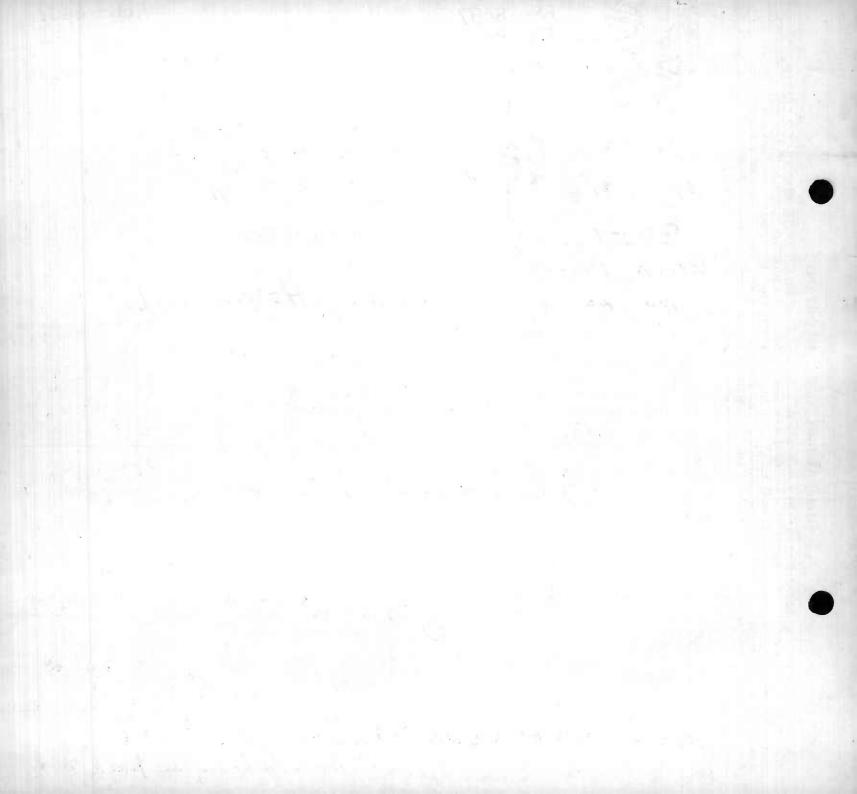
FUNERAL DIRECTOR: IMPORTANT

		68-8	400	TE OF DEATH	REG. NO.	68- 8405
	TH NO.  AME OF DECEASED		G_K(11110)		D HOUR OF DEATH	
(Тур	e or Print)		JOHN STANLEY	AUGU	ST 13, 196	68 6:32P M.
HO	LL NAME OF (IF NOT IN	N HOSPITAL OR INS	TITUTION, GIVE STREET	MARYLAND C. CITY OR TOWN	Balta	DE CITY LIMITS?
S.	T AGNES HOSP. ATON & WILKEN		21229	BALTIMORE  E. STREET AND NUMBER	NOTON AVE	YES NO
5. S	EX 6. RACE WHITE	7. MARRI WIDOW	ED NEVER MARRIED DIVORCED		9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
		ind of work 10 B. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or forei		12. CITIZEN OF WHAT COUNTRY?
3. [	FATHER'S NAME			14. MOTHER'S MAIDEN NAM		
	FELIX MET	USAVEG		FRANCES	TOHASE	WICZH
es.	was Deceased Ever in U. S. A., no or unknown) (If yes, give w	Armed Farces? For or dotes of service	e) 16. SOCIAL SECURITY NO. 217010228	ST AGNES REC		ADDRESS
	18. 153.8 1		CAUSE OF DEAT	H		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ATIC		NS, if any, gives (A) stoling lost.  ONS CONTRIBUTINATED TO THE TERMIN NIN PART (A).	ine (c) Ca C	A CONSEQUENCE OF: 11  The Colon C  The Colon C  [20A. AUTOPSY? (Yes or No	meta,  meta,  20B. IF YES, WERE FIN CERTIFYING CAU	INDINGS CONSIDERED
CERTIFI	21A. ACCIDENT WAS UNDE	RLYING	21B. PLACE OF INJURY (e.g., i	n or obout 21C. WHERE DID		City, give exact location)
AL	OR CONTRIBUTING CAUS		home, form, factory, street, a etc.)	ffice bldg., INJURY OCCUR?		
MEDIC						
ō	21 D. TIME (Month) (Doy OF INJURY (A PPROX.)		While At Not While Work At Work	21F. HOW DID INJ	URY OCCUR?	
MEDI	OF INJURY	haspital) attende	while A1 Not While A1 Work  d the deceased fram  n AUG 13.	JUNE 23  19 68 and the view the bady after death.	19 68 to AUG	13



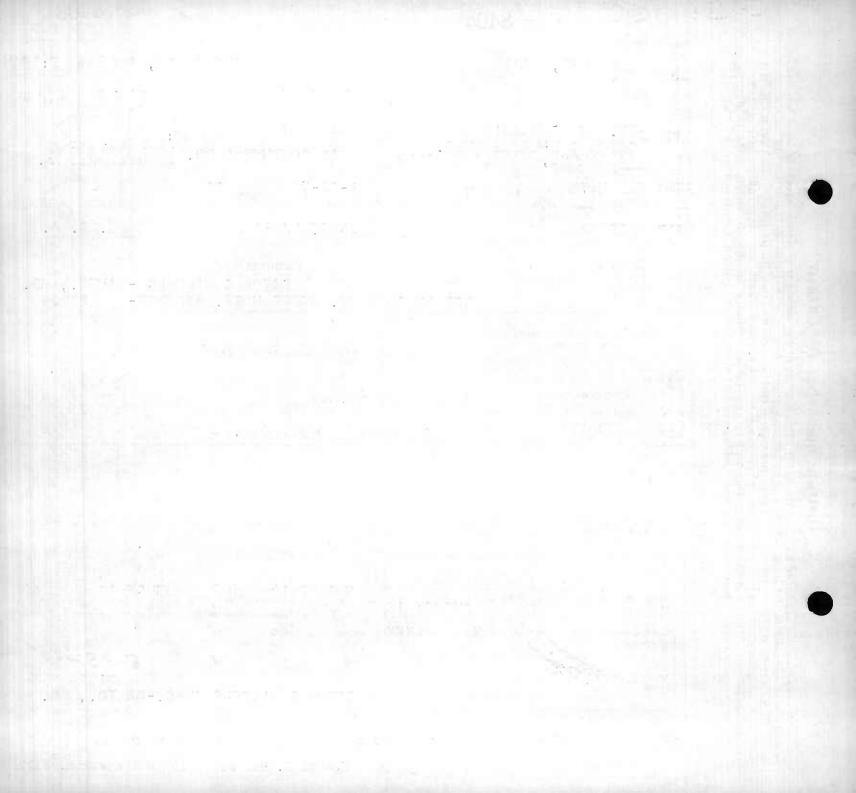


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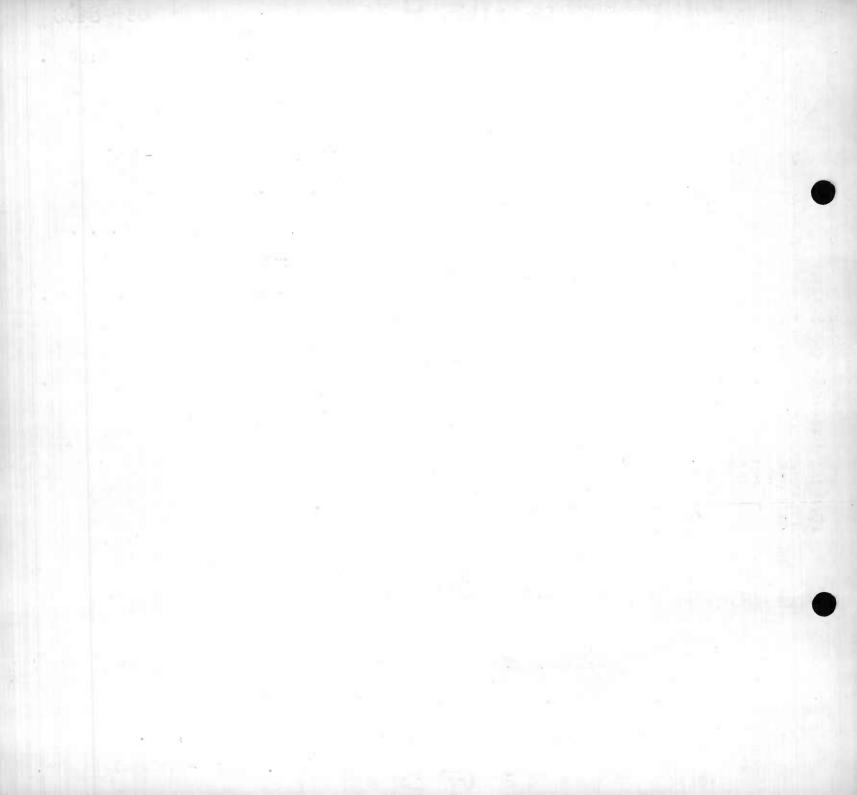


IMPORTANT

FUNERAL DIRECTOR:



VS 150-REV. 1/1/68



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death.

24A. BURIAL CREMATION, REMOVAL (Specify)

VS 150-REV. 1/1/6B

24B. DATE

	C	O_ OA	BALTIMORE CITY				68-8	3410
BIRTH NO.	O	0. 04	10 CERTIFICA	TE OF D	EATH	REG. NO		
1. NAME OF DECI (Type or Print)		rine E.	Blackburn.			bt 14,1968		Μ.
3. PLACE IN BALT FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPIT ADDRESS OR LOC	AL OR INSTIT	UTION, GIVE STREET	Md. C. CITY OR TO Balti E. STREET ANI	B. COU	D. INS	IDE CITY LIMITS?	01
s. sex Female	6. RACE White.	7- MARRIED WIDOWED	X NEVER MARRIED DIVORCED	April 5,		9. AGE (In years lost birthdoy)	If Under 1 Yr. Months: Days	If Under 24 Hrs. Hours Min.
	vorking life, even if retired)	Dept.S	business or industry	11. BIRTHPLAC		reign country)	12. CITIZEN O	F WHAT COUNTRY?
13. FATHER'S NAM	?			14. MOTHER'S	MAIDEN NA	AME		
	Ever in U. S. Armed Fo (If yes, give wor or date		1 6. SOCIAL SECURITY NO.	17. INFORMAN	T		ADD	RESS
-		44	217-09-6276	Jesse N.	Blackb	urn Jr.8362		
(This daes no heart failure,	E OR CONDITION DI LEADING TO DEATH of mean the made of osthenio, etc. Il means plication which caused	dying, e.g., the disease,	(A) IMMEDIATE CAL	71.1.	keesing E OF:	Cardio Rea		ROXIMATE INTERVALEN ONSET AND DEATH

Was Deceased Ever in s, no or unknown) (If yes,	U. S. Armed Forces? give wor or dates of service	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
-		217-09-6276	Jesse N.Blackbu	rn Jr.8362 Pula	ski Highway.
LEADIN (This does not med heart failure, ostheni	CONDITION DIRECTLY NG TO DEATH In the mode of dying, ( o, etc., II means the disecont which caused death.)		TH The Laboration	Cardio Resal	APPROXIMATE INTERVA BETWEEN ONSET AND DEA
DISEASES OR CO	EDENT CAUSES  NDITIONS, if any, give cause (A) stating  DITION last.	3	S A CONSEQUENCE OF:		
TO THE DEATH BUT N	CONDITIONS CONTRIBUTING TRELATED TO THE TERMIN ON GIVEN IN PART 1 (A).  TION 198. CONDITION FOWAS PERFORMED	AL	20A. AUTOPSY? (Yes or No	208. IF YES, WERE FINDING IN CERTIFYING CAUSES O	GS CONSIDERED F DEATH?
21A. ACCIDENT WAS OR CONTRIBUTING DEATH (notify medical	CAUSE OF		in or about 21C. WHERE DID office bldg., INJURY OCCUR?	(If in Bottimore City,	give exoct locotion)
21 D. TIME (Month OF INJURY (APPROX.)	) (Day) (Year) (Hour)	21E. INJURY OCCURRED  While At Not Wh Work At Work		URY OCCUR?	
that (I) (we) lost so	w the deceased olive	e. (I) (We) (did not)	1967 ond the		eoth occurred on the co
23C. PHYSICIAM'S NAME (Type)	Michr	echer DEGREE PH	tending Med. Director 23D. ADDRESS	Staff Phys.	76-68

24D. LOCATION

FUNERAL DIRECTOR

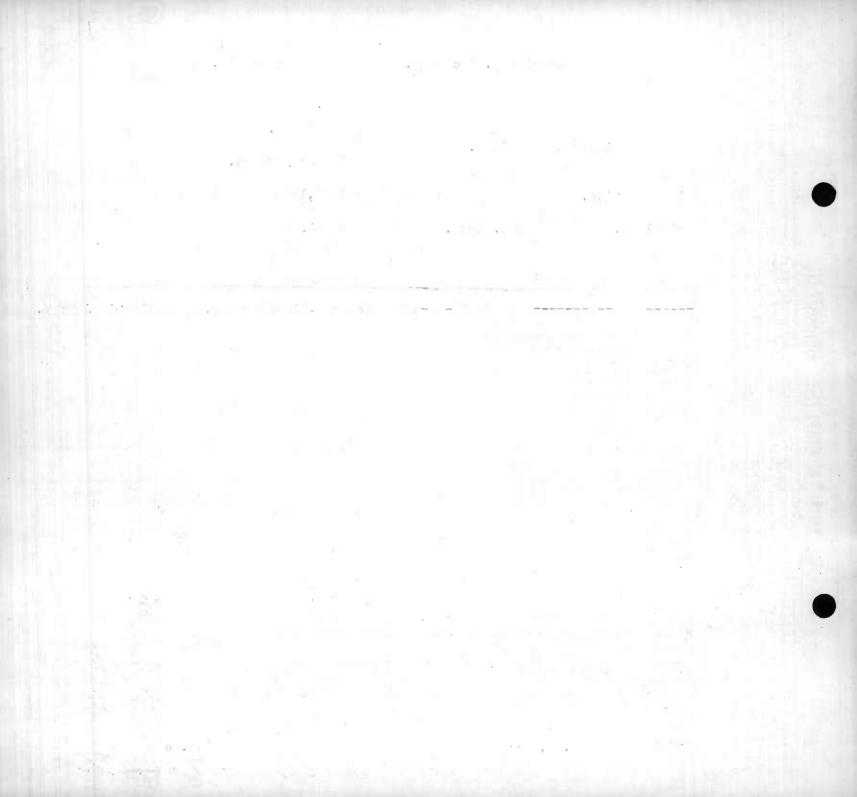
Balto.Co

(City, town, or county)

24C. NAME of CEMETERY OF CREMATORY

Woodlawn

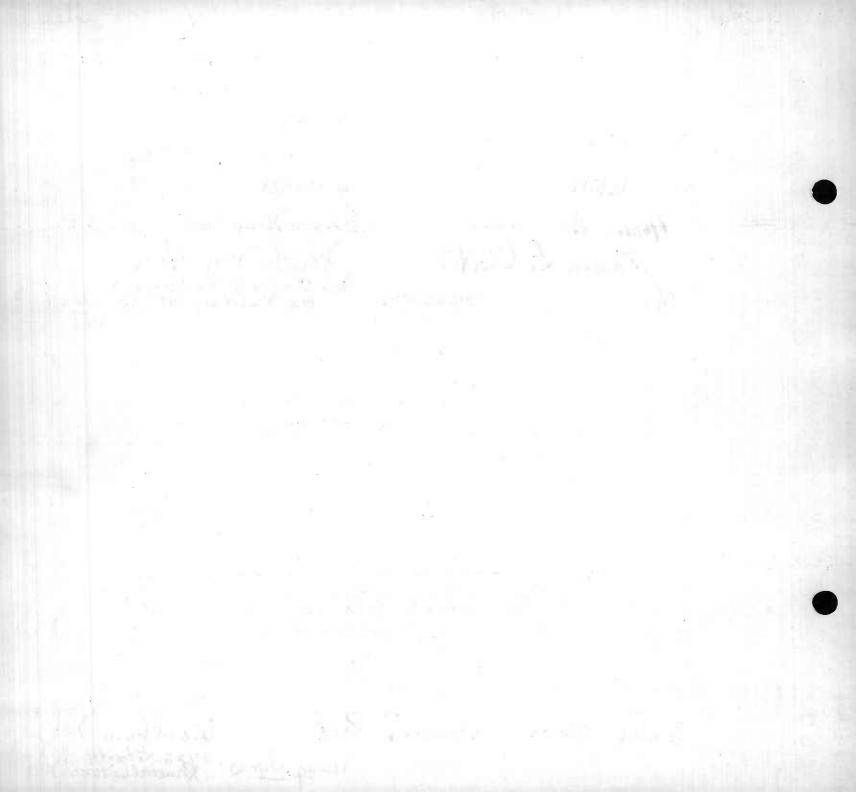
PAME OF REGISTRAR



IMPORTANT FUNERAL DIRECTOR:

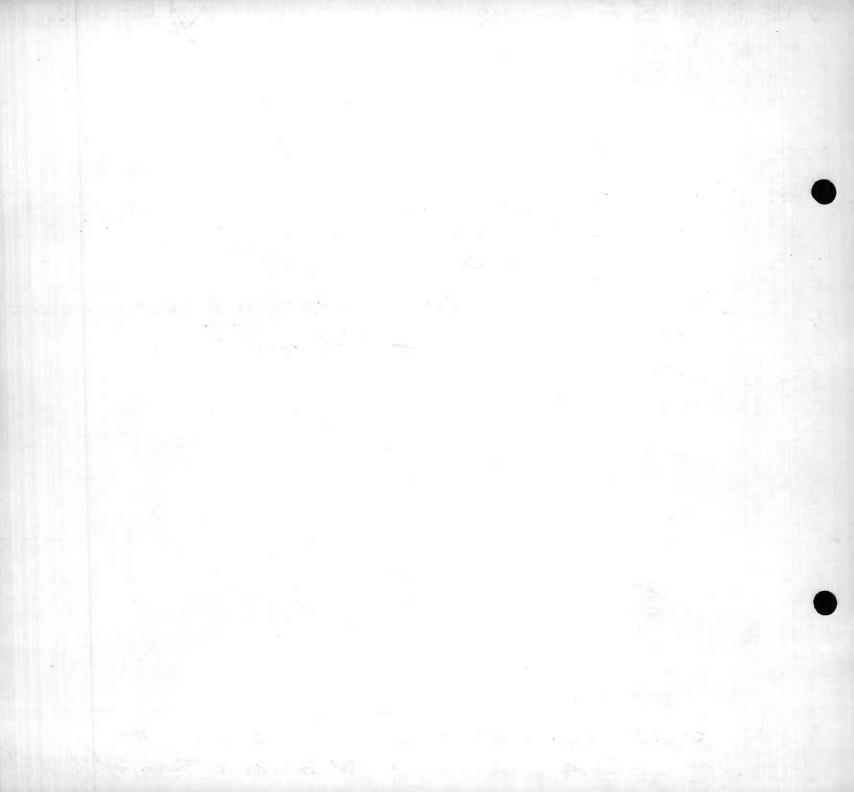
VS 150-REV. 1/1/6B

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) D. INSIDE CITY LIMITS? NO If Under 1 Yr. If Under 24 Hrs. Days Hours 12. CITIZEN OF WHAT COUNTRY? BETWEEN ONSET AND DEATH 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If In Baltimate City, give exact location) and that Im(my) (aur) apinion death accurred an the date 23B. DATE SIGNED (State)

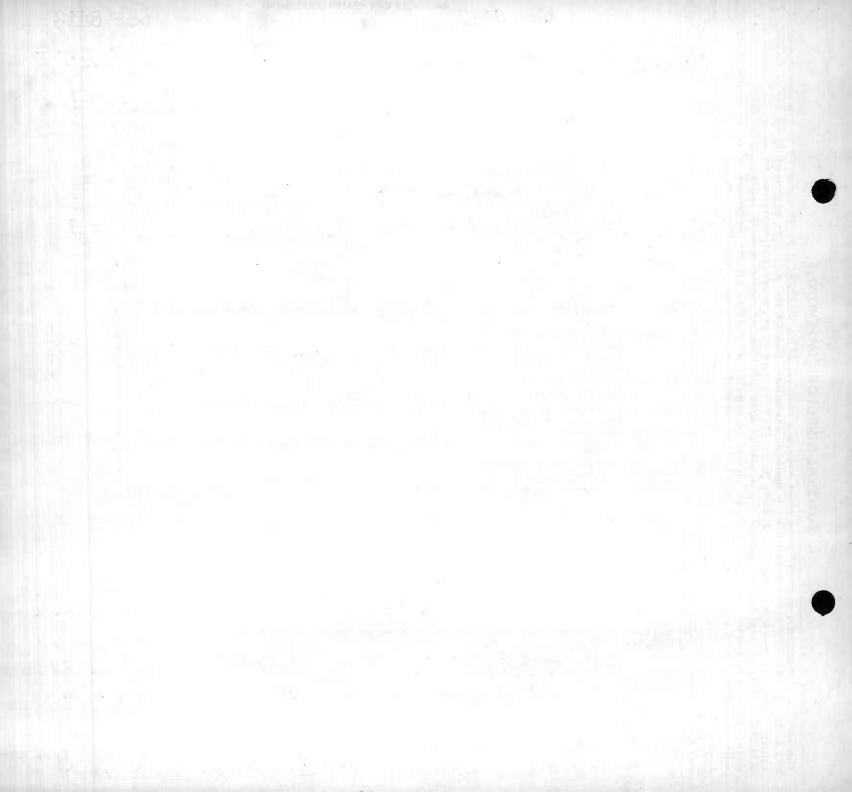


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VS 150-REV. 1/1/68



21214



IMPORTANT

DIRECTOR:

FUNERAL

Fig. 10 and 18 and with Jack O nien Memorial Hosp 2327 N. Charles ST Male White a widewed 12-25 1900 68 Pennsylvania banton UNKROWN nwondinu Cerebral Wascular Accident

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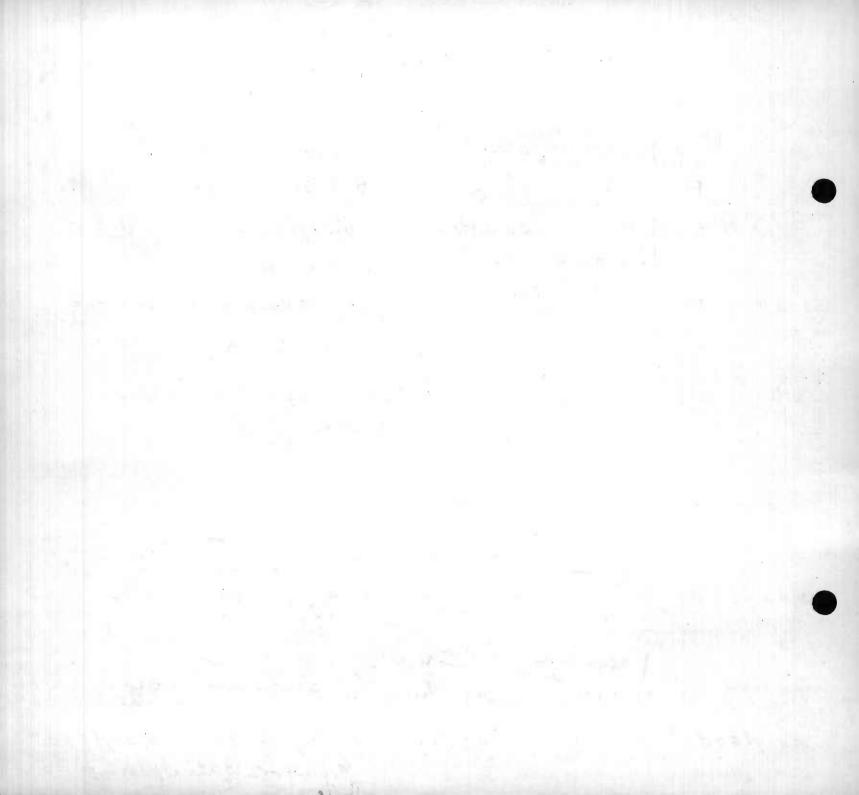
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## 68- 8415 BALTIMORE CITY HEALTH DEPARTMENT

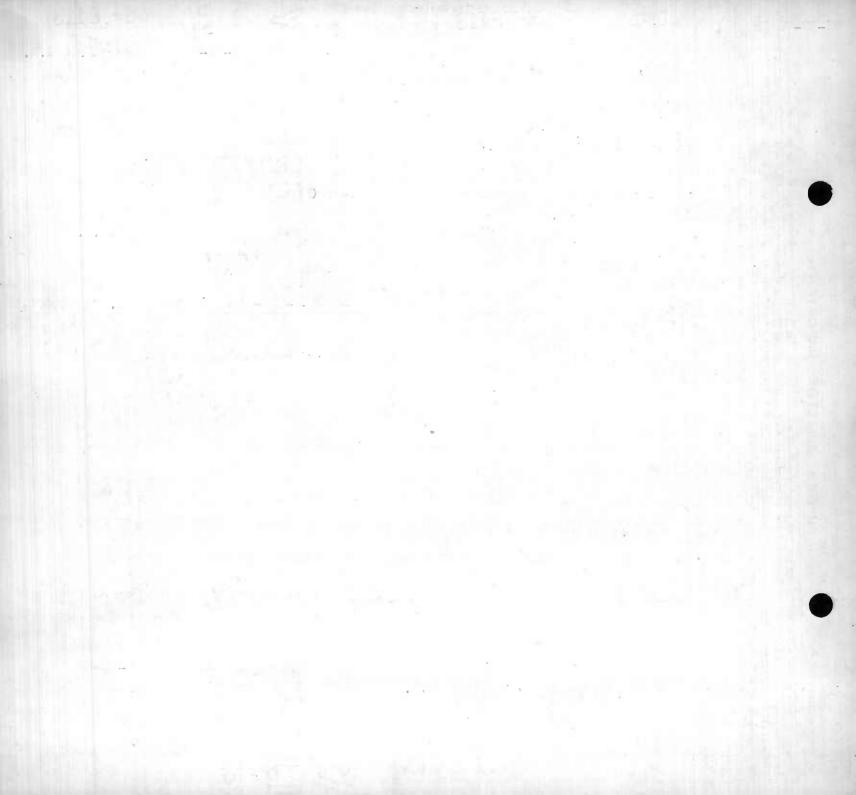
MEDICAL	EXAMINER'S	CERTIFICATE	OF DEATH
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BIR	TH NO.							27 ( 1 62	<u> </u>		REG. NO.			
	NAME OF DEC		M.			,_,,_	2. DATE OF	Known	K	Month	Doy	Yeor	Hour	
						ADENER	DEATH	Estimote	d 🗆	8	10	68	11:00	а м.
	L NAME OF					N, GIVE STREET	3. DATE PRONOU	NCED DE	AD .	Month	Doy	Yeor	Hour	
POR OR	T your territor		es on gen		MF	NDED	5. USUAL RE		Au	gust	lved. Il institution	1968 n: residence	11:00	
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6. 5	SEX	7. RACE		B. MARR	IED [	NEVER MARRIED	C. CITY OR	NWOT			D. INSIDE CI	TY LIMITS?	UN	
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	Tale of Birth	2	10. AGE (In	y)	If Und Month	der 1 Yr. II Under 24 Hrs. s. Doys Hours Min.	E. STREET A	ND NUME		talou	St			
	BIRTHPLACE (S		1	/ 0	12. CI	TIZEN OF	13. FATHER'S		DCIA	caroa				
	Penn.			1		HAT COUNTRY?	Fran	le Stan	hono	r ou	adener			
14A	USUAL OCCUI	PATION (Give	e kind ol work	14B. KIND		USINESS OR INDUSTRY	15. MOTHER	'S MAIDE	NAM V	E D	ROENER			
don	Class bl		en if retired)	Po	+ 1 -	ad de la	T 4 1 1	ie Ha	m i 1 +	<b>6</b> 2				
16.	WAS DECEASE	ED EVER IN	U.S. ARMED	FORCES	tire	17. SOCIAL	18. INFORM		шттс	OII	Al	DDRESS		
(Yes	, no or unknown) No	(II yes, give w	vorordotes	ol service	)	SECURITY NO.	Schmid	+ Dh	onau	Fune	ral Home	Res	ading (	hio
	19.410	4- 58	# 212-	10-60	77	CAUSE OF DEAT		_ ( D	Ollad	1 dile	Luz Home	A	APPROXIMATE INT	ERVAL
	DISEASE	OR COND				Arterio	sclerot	cic ca	rdio	vascu	lar dise		WEELN CHOSEL WIN	DUCAIN
	1	LEADING TO	DEATH			(A)IMMEDIATE C	AUSE							
	heort loilure,	ot meon the osthenio, etc.	. It means the	e diseose,			S A CONSEQU	ENCE OF:						
	injury or com	plication which	ch coused de	oth.)		4								
	AN	TECEDENT	CAUSES			(B)				0.7				
		ABOVE CAL				DUE TO, OR	AS A CONSEQ	UENCE OF						
z	UNDERLYIN	IG CONDITI	ON LAST.			(C)		**********						
은	422	1 /	11											
CERTIFICATION		TH BUT NOT	RELATED TO	THE TERM	INAL									
TF		CONDITION				VHICH OPERATION WA	C DEDECORAL	D				In Aur	OBENO (Ver es	NI-A
CEF	A DAIL OF	OFERAIIO	200. CO	ADIIION	POR V	THICH OPERATION WA	S PERFORMI	:0				ZI. AUIC	OPSY? (Yes or	NO
	22A. EXTERN	VAL CAUSE	WAS		228 PI	ACE OF INJURY(e.g.,	in or obout 22	C WHERE	DID (II	in Boltimo	re City give eve	et Lecation	No	
MEDICAL	UNDERLYING UTING CAT	OR CON	TRIB-		home,	lorm, loctory, street, ollice	bldg., etc.) IN	JURY OCC	UR? ("	in bollino	ile City, give exc	ci rocanon)		
Σ	OF INJURY	Month) (D	oy) (Yeo	r) (Hou	1	E.INJURY OCCURRED		F. HOW D	ID INJ	JRY OCC	UR?			
	(APPROX.)				m. W	ORK NOT	ORK							
Н	23.	ify that I he	ا معامله	nguiry [	7	Inspection XX Aut			AL:		Janet 1			
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	result	ed from: N	arural cau	505	1 40	cident Suicid		micide ∟ HIEF MED			ined monner [			
	ACTUAL	DU	1 1	- IN	18		ASSIS	TANT MED			xx		DATE SIGN	ED
	SIGNATU		000		·V	M.D								
	NAME (T		lward 1	r wi	1 eor	n M D	ASSU	CIATE MED	ICAL EX	AMINEK		Augus	st 11. 1	968
	A. BURIAL CREA	MATION, 2	4B. DATE	N		NAME of CEMETERY	or CREMATO	RY	24D. L	OCATION	(City, town	n, or county		
	XXXXXBu	rial	8-14-			Oakhill Cem	•		Sp	ringe	dale, Oh	io		
254	. DATE REC'D		DEPT.	25B. N		OF REGISTRAR	25C. F	UNERAL D	IRECTO	R	A	DDRESS		
	A	UG 19	1968	Re	t	2, Farbuna	Wm.	Cook-	Broc	ks, ]	Inc., Ba	lto.,	Md. 21	204

and we will be the first that the winds 3207 (Imrusu Ave. 08-01-11 57 18 68 48 W. And American Company Act To Regulation Tapertine " to i employ amount of " Brushy removed - letter tred 2 Y >aY 8/13 11/68 . 61 8/13 Union Memory " RICHERS MER ME



VS 150-REV. 1/1/68

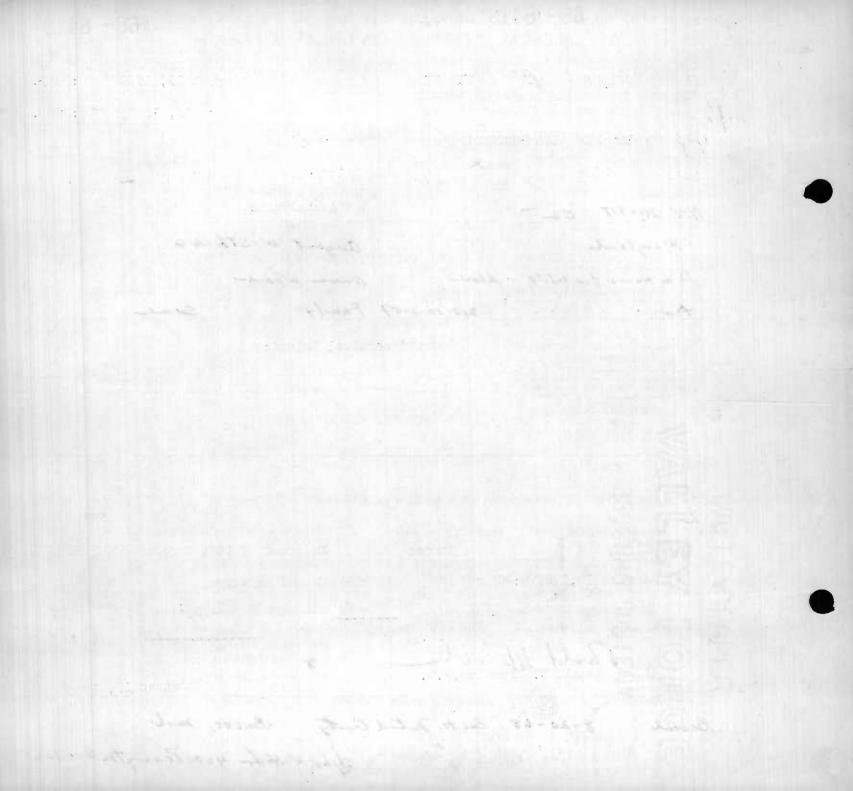


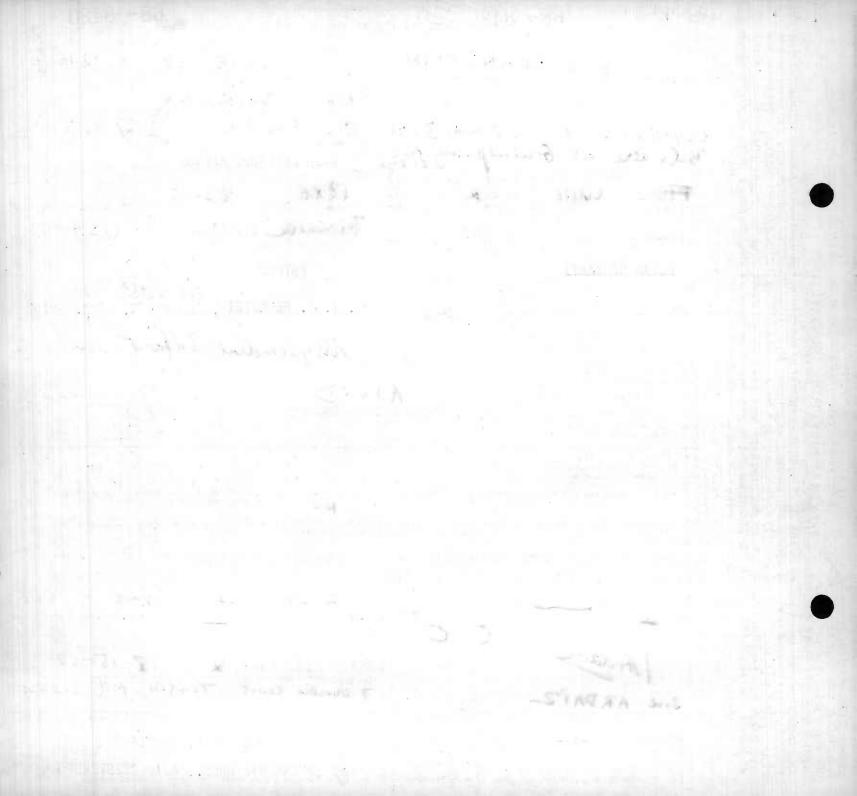
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## 68- 8419 BALTIMORE CITY HEALTH DEPARTMENT

68-8419

BI	RTH NO.		MED	ICAL E	EXAMINER'S	CERTIFI	CATE OF	DEAT	H REG. NO		193	
1.	NAME OF DEC	GORDON	1	E	WISTLING	2. DATE OF DEATH	Known   Estimoted	Month Augus	Doy 15, 1	Yeor 968	Hour 6:30	P. <sub>M.</sub>
4.	PLACE IN BAL	TIMORE, MA	RYLAND, W	HERE PROP	NOUNCED DEAD	3. DATE		Month	Doy	Yeor	Hour	
HC	LL NAME OF SPITAL INSTITUTION	(IF NO	T IN HOSPITA	L OR INSTITUTION)	TION, GIVE STREET		UNCED DEAD		15, 19		6:30	M.
1	/1/ U	NION ME	MORIAI	HOSPI	TAL		Maryland		B. COUNTY	- Control	0	4
6.	SEX	7. RACE		8. MARRIED	NEVER MARRIED	C. CITY OF			D. INSIDE C	Y LIMITS?		1
	Male	Whit	.е	WIDOWED	DIVORCED [	Вато	imore		YE	s 🗷	NO 🗌	
9.	DATE OF BIRT	Н	10. AGE (Ir lost birthdo	yeors If	Under 1 Yr. If Under 24 Hrs. Inths   Doys   Hours   Min.		AND NUMBER					
_	Nov. 21,			50		420 A	rsanAvenu	e				
11.	BIRTHPL ACE (S	state or foreig	n country)	12.	CITIZEN OF WHAT COUNTRY?	13. FATHER		/				
	Mary	pland				aus		isthi	N6			1
	e during most of v	working life, ey	en if retired)	14B. KIND O	F BUSINESS OR INDUSTR	Y 15. MOTH	R'S MAIDEN NA					
L		erus Fi		-	love	ann	- Wear	٠				
16. (Ye	WAS DECEAS	ED EVER IN ) (If yes, give v	U.S. ARMED	FORCES? of service)	17. SOCIAL SECURITY NO.	18. INFOR	,		AD	DRESS		
L	tes	1			213-10-8257	FAN	14		Some	_		
	19.	8 81)			CAUSE OF DEA	TH					PPROXIMATE IN WEEN ONSET A	
	DISEAS	E OR COND	ITION DIREC	CTLY	Cranioc	erebral	Injuries					
		LEADING TO			(A)IMMEDIATE		Street was to takk to seem the security to the				~~~~~~	
	heort foilure	not mean the s, osthenio, etc mplication which	. It meons the	diseose,	DUE TO, OR	AS A CONSEC	QUENCE OF:					
CERTIFICATION	DISEASES OF THE	NIFICANT CON	ONS, IF ANY USE (A) STATI ION LAST.  II NDITIONS CO	ONTRIBUTING THE TERMINA	(c)	AS A CONSE	QUENCE OF:					
E	DISEASE OR	CONDITION			R WHICH OPERATION W	AC DEDECOR	ALD.			In Alle	DEVO (Var	
CER	2	PERATION	1 20B. COI	ADIIION FO	R WHICH OPERATION W	AS PERFOR	WED				opsy? (Yes o yes	ir Noj
EDICAI	UNDERLYING UTING CA	USE OF DEA	TRIB-	22E hor	PLACE OF INJURY(e.g., ne, form, foctory, street, offic Street	e bldg., etc.)	In front	of 246	6 Greenm			
Σ	OF INTURY	(Month) (D	oy) (Yeor	) (Hour)	22E.INJURY OCCURRED		22F. HOW DID IN	IJURY OCCI	JR?			
	OF INJURY (APPROX.) A	ugust 1	.0,1968	2:00A	WORK NOT	WHILE X	Found on	street	t			
		ify that I h	eld on I	naviry 🗍	Inspection Au	top sy 🗴	ond that on	this basis.	death in my	ppinion		
Н	resul	ted from: N	atural cou	ses 🗍	Accident Suicio		omicide 🔲	>	ned monner	7		
					7 . 0		CHIEF MEDICAL					
	ACTUAL		rold	21/6	uble	ASS	ISTANT MEDICAL		x		DATE SIG	NED
L	EXAMIN NAME (1	ER'S Ro	nald N	. Korn	olum, M.D.	ASS	OCIATE MEDICAL	EXAMINER	August	15.	1968	
	A. BURIAL CREA	MATION, 2	4B. DATE	1	24C. NAME of CEMETERY	or CREMAT	ORY 24D	LOCATION				te)
RE	MOVAL (Speci	πγ)	2-20-	68	Bob 2 +	16.	F 1	Be o do	mol			
25	A. DATE REC'D	BY HEALTH	DEPT.	25B. NAM	E OF REGISTRAR	25C.	FUNERAL DIRECT			DRESS ,		
		AUG 1	9 1968	00	to E, Farbun		ho Ha Hay		oo Penn		, leve 1	29
VS	151-REV. 1/1/68	B	XX	4. 4			1					1



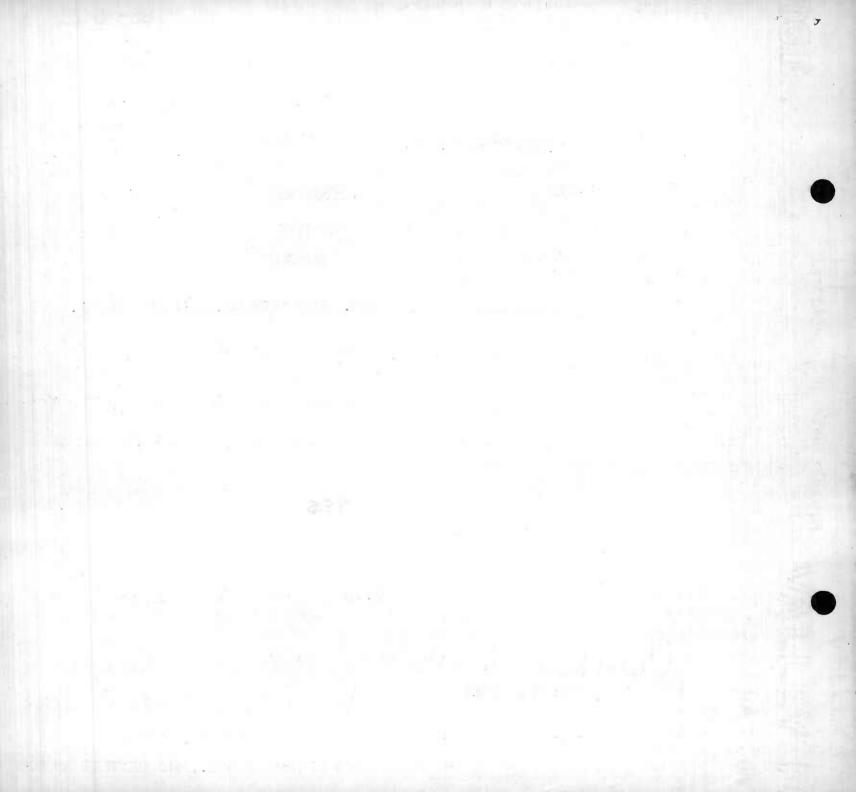


DIRECTOR:

FUNERAL

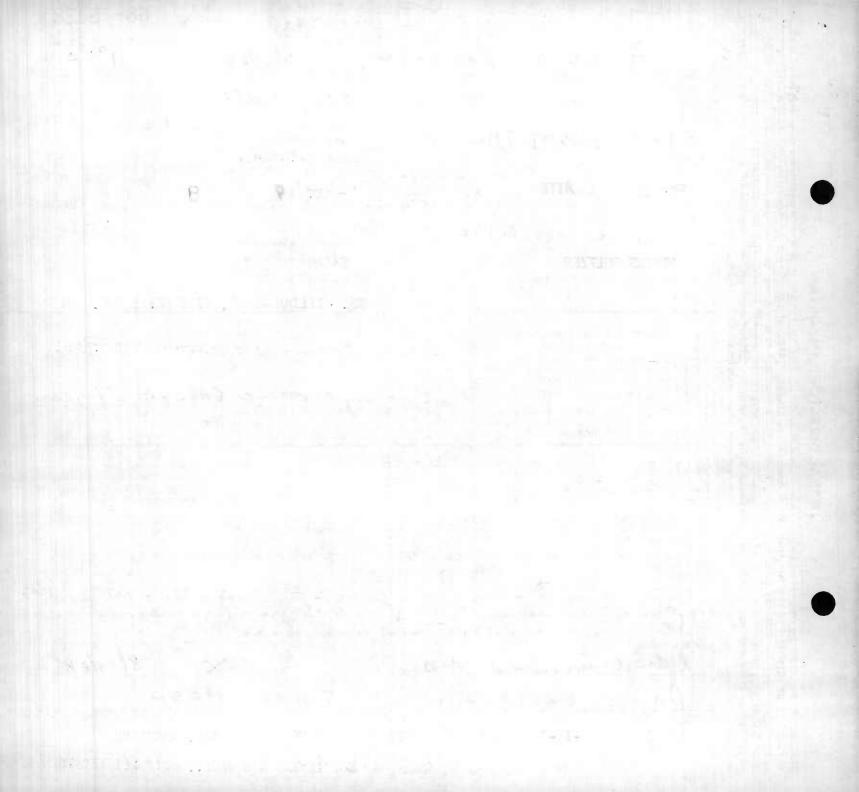
VS 150-REV, 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT



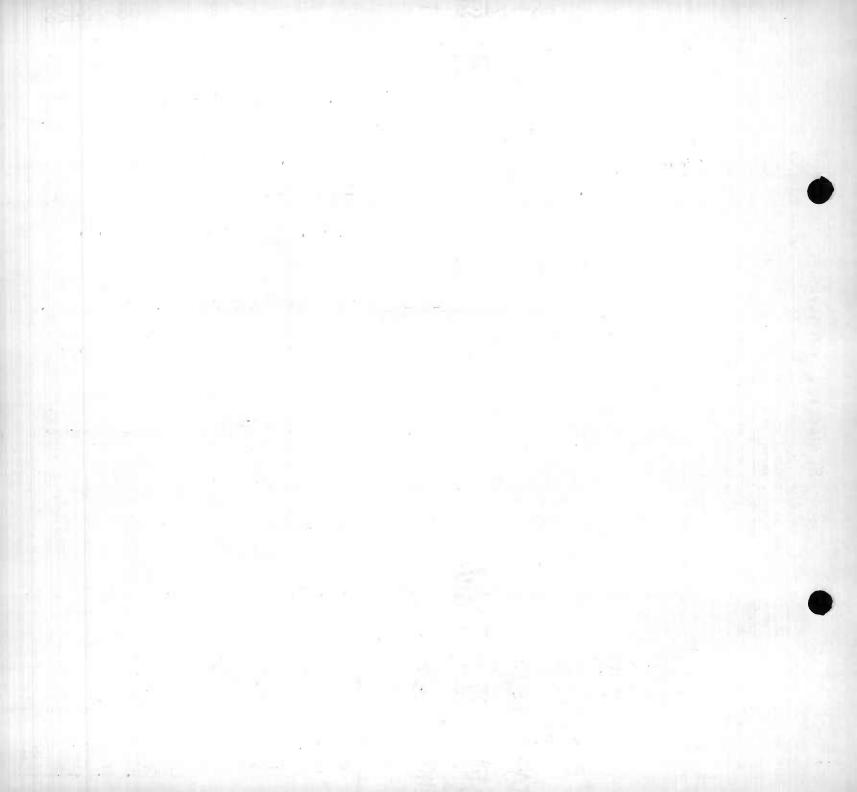
VS 150-REV. 1/1/6B

BALTIMORE CITY HEALTH DEPARTMENT



VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT



V-400

68-8424 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

68- 8	3424
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I NO.
AME OF DECEASED  2. DATE Knawn Manth Day Year Haur or Print)
HELEN UHL DEATH Estimoled A August 16, 1968 6:15 A.
ACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 3. DATE Month Doy Year Hour
NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)  PRONOUNCED DEAD  August 16, 1968 5:40 P.
ITAL ADDRESS OR LOCATION)  STITUTION  AUGUST 10, 1908 5:40 P.  5. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)
A. STATE B. COUNTY
2549 Edmondson Avenue Maryland Baltimore
7. RACE B. MARRIED NEVER MARRIED C. CITY OR TOWN D. INSIDE-CITY LIMITS
emale white WIDOWED DIVORCED Baltimore YES NO
ATE OF BIRTH 10. AGE (In years   If Under I Yr. If Under 24 Hrs.   E. STREET AND NUMBER   In years   Months   Days   Hours   Min.
12/24/95   last birthday) 72   Months   Days   Hours   Min.   2549 Edmondson Avenue
RTHPLACE(State or foreign country) 12. CITIZEN OF 13. FATHER'S NAME
_ WHAT COUNTRY?
Germany  U.S.A.  Shaffer  SUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTRY 15. MOTHER'S MAIDEN NAME
uring mast of working life, even if retired)
Maid Lord Balto, Hotel
AS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL 18. INFORMANT ADDRESS SECURITY NO.
Kenneth Uhl, 1119 Elm Road, 21227
CAUSE OF DEATH APPROXIMATE INTERVA
BETWEEN ONSET AND DEA
DISEASE OR CONDITION DIRECTLY  A rteriosclerotic Cardiovascular Disease
(This does not mean the mode of dying, e.g.,  (This does not mean the mode of dying, e.g.,  (A)IMMEDIATE CAUSE  DUE TO, OR AS A CONSEQUENCE OF:
heart foilure, osthenia, etc. It means the disease, injury or complication which coused death.)
injuly of completion which coused debility
ANTECEDENT CAUSES (B)
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO, OR AS A CONSEQUENCE OF:
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(C)
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE TERMINAL
DISEASE OR CONDITION GIVEN IN PART 1 (A).
A. DATE OF OPERATION   208. CONDITION FOR WHICH OPERATION WAS PERFORMED   21. AUTOPSY? (Yes or No.)
No
No  A. EXTERNAL CAUSE WAS   22B. PLACE OF INJURY(e.g., in or about 22C. WHERE DID (If in Baltimare City, give exact location)
NO    STERNAL CAUSE WAS
NO  A. EXTERNAL CAUSE WAS   22B. PLACE OF INJURY(e.g., in or about 22C. WHERE DID (If in Baltimare City, give exact location)
NO    A
No    No
No    A. EXTERNAL CAUSE WAS
NO    A
No    A. EXTERNAL CAUSE WAS
NO    A
NO    A
NO    A. EXTERNAL CAUSE WAS
NO    A. EXTERNAL CAUSE WAS
NO    A
NO    A. EXTERNAL CAUSE WAS INDERLYING OR CONTRIB-   DITING   CAUSE OF DEATH.     AD. TIME (Month) (Day) (Year) (Hour)     FINJURY OCCUR?     FINJ
No
NO    A. EXTERNAL CAUSE WAS INDERLYING OR CONTRIB-   DITING   CAUSE OF DEATH.
No

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AND AND ROOM OF A STREET, AND AUTOMOOR AND A STREET

FUNERAL DIRECTOR:

BALTIMORE CITY HEALTH DEPARTMENT

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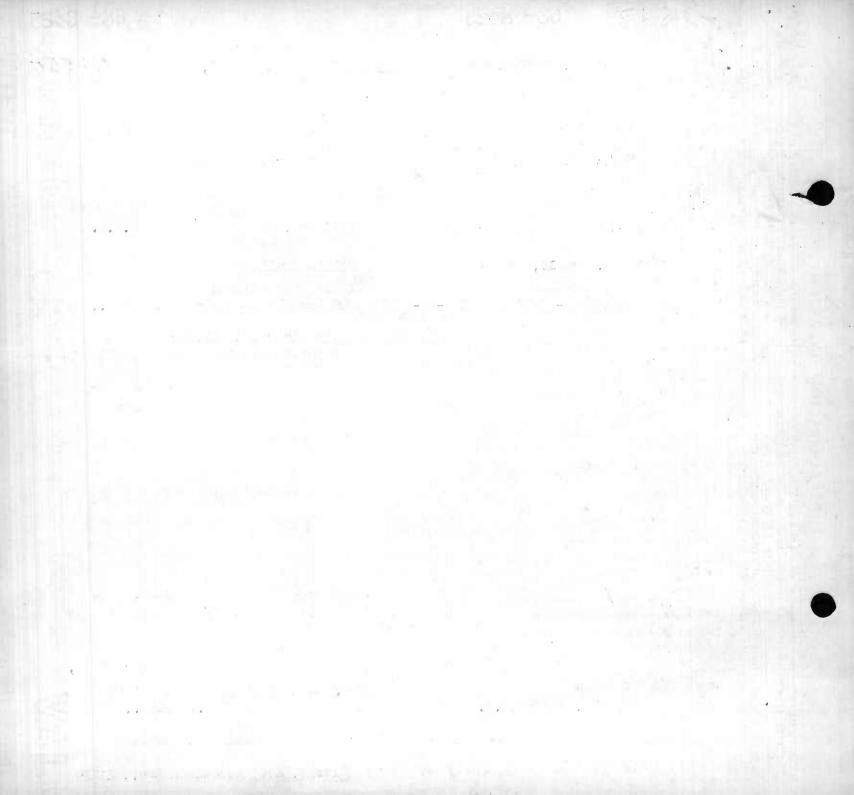
				TE OF DEATH		
NAME OF DE	CEASED			2. DATE AND	HOUR OF DEATH	
type of rann	DONALD, RUS	SSELL J	OSEPH	Augus	t. 16. 1968	institution: residence before admission
PLACE IN BA	LTIMORE, MARYLANO, W			A. STATE B. COUNT	deceased lived. II	institution; residence before admission
FULL NAME OF HOSPITAL OR NSTITUTION	F (IF NOT IN HOSPITA	AL OR INSTI	TUTION, GIVE STREET	Maryland c. City or town	Dala D. IN	SIDE CITY LIMITS?
	Veterans Admin 3900 Loch Rave			Baltimore E. STREET AND NUMBER		YES X NO
	Baltimore, Md		.ovau	6728 Brompt	on Road	
. SEX	6. RACE	7-	NEVER MARRIED	B. DATE OF BIRTH 9	. AGE (In years	If Under 1 Yr. , If Under 24 H
Male	White	WIDOWED		5/12/27	ost birthdoy)	Months Ooys Hours Min.
		10B, KIND O	F BUSINESS OR INOUSTRY	11. BIRTHPLACE (State or foreig	7-	12. CITIZEN OF WHAT COUNT
one during most of Stag	f working life, even if retired)  Be Hand	Th	eatre	Baltimore, Md		U.S.A.
3. FATHER'S NA	AME			14. MOTHER'S MAIDEN NAM	E	
Will	iam D. Donadd	, Sr		Nellie Knell		
5. Wos Deceose res, no ar unknow	d Ever in U. S. Armed Forman) (II yes, give war ar date	ces? s of service)	1 6. SOCIAL SECURITY NO.	VA Hospital Rec	ords	ADDRESS
Yes	6/12/44 - 3/	/12/48	215-22-1531	3900 Loch Raven	Boulevard	1, Balto., Md 21218
	, osthenio, etc. It meons		1,	A CONSEQUENCE OF:		
DISEASES rise to Il UNDERLYIN	ANTECEDENT CAUSES OR CONDITIONS, if the above cause (A) IG CONDITION lost.	deoth.)  ony, giving stolling the	(8)	A CONSEQUENCE OF:		
DISEASES rise to the UNDERLYIN  592 MO OTHER SIGN TO THE DEA DISEASE OR	ANTECEDENT CAUSES  OR CONDITIONS, if the above cause (A) and CONDITION lost.  Il  FICANT CONDITION S COLONDITION S COLONDITION S COLONDITION S COLONDITION S COLONDITION SIVEN IN PAR	deolh.)  ony, giving sloting the standard standa	(6) DUE TO, OR AS	A CONSEQUENCE OF:	OR IF WE WERE	
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DISEASES rise to II UNDERLYIN  OTHER SIGN TO THE DEA DISEASE OR 19A. DATE OF OR CONTRIB OR CONTRIB OR CONTRIB DEATH (notif	ANTECEDENT CAUSES OR CONDITIONS, if the above cause (A)	deoth.) ony, giving stolling the TERMINAL TO TO THE CONTROL TO THE TERMINAL TO THE CONTROL TO TH	(8)	A CONSEQUENCE OF:		E FINDINGS CONSIDERED AUSES OF DEATH? ore City, give exact location)
OTHER SIGN TO THE DEAD TO THE	ANTECEDENT CAUSES  OR CONDITIONS, if the above cause (A) and CONDITION lost.  I STATEMENT CONDITIONS CONTINUE CONDITION GIVEN IN PAR OF OPERATION 1988. CON WAS PERION WAS PERION CAUSE OF (MITTER)	ony, giving sloling the terminal to the terminal	(8)	20 A. AUTOPSY? (Yes or No)  NO in ar about 21 C. WHERE DID INJURY OCCUR?	(If in Boltime	
DISEASES rise to II UNDERLYIN  OTHER SIGN TO THE DEA DISEASE OR 19 A. DATE OF 21 A. ACCIDIO OR CONTRIB DEATH (notif) 10 THE DEA DISEASE OR 19 A. DATE OF TO THE OF INJURY (APPROX.)  22. I certif- thotal) (we	ANTECEDENT CAUSES  OR CONDITIONS, if he above cause (A) IG CONDITION lost.  II FICANT CONDITION S COLOR CONDITION GIVEN IN PAR OF OPERATION 1988. CON WAS PERION (Month) (Doy) (Year)  (Month) (Doy) (Year)  y that (1) (this hospital a) lost sow the decease	ony, giving sloling the Standard Standa	(B) DUE TO, OR AS  (C) WHICH OPERATION  B. PLACE OF INJURY (e.g., me, form, foctory, street, or)  E. fNJURY OCCURRED hille At Not While At Work the deceosed from August 16t	20A. AUTOPSY? (Yes or No) NO in or obout 21C. WHERE DID ffice bldg., NJURY OCCUR?  21F. HOW DID INJU  August 7th 19 68 ond the	(If in Boltime	ore City, give exoct locotion)
DISEASES rise to II UNDERLYIN  OTHER SIGN TO THE DEA DISEASE OR 19 A. DATE OF 21 A. ACCIDIO OR CONTRIB DEATH (notif) 10 THE DEA DISEASE OR 19 A. DATE OF TO THE OF INJURY (APPROX.)  22. I certif- thotal) (we	ANTECEDENT CAUSES  OR CONDITIONS, if the above cause (A) IG CONDITION lost.  II IFICANT CONDITION S CONDITION S CONDITION IN PAR CONDITION IN	ony, giving sloling the Standard Standa	(B) DUE TO, OR AS  (C) WHICH OPERATION  B. PLACE OF INJURY (e.g., me, form, foctory, street, or)  E. fNJURY OCCURRED hille At Not While At Work the deceosed from August 16t	20A. AUTOPSY? (Yes or No)  NO in or obout 21C. WHERE DID ffice bidg., INJURY OCCUR?  21F. HOW DID INJU	(If in Boltime	ore City, give exoct location)
OTHER SIGN TO THE DEAD TO THE DEATH (notified and the dead to the	ANTECEDENT CAUSES  OR CONDITIONS, if the above cause (A) IG CONDITION lost.  II IFICANT CONDITION S CONDITION S CONDITION IN PAR CONDITION IN	ony, giving sloling the Standard Standa	(B) DUE TO, OR AS  (C) WHICH OPERATION  B. PLACE OF INJURY (e.g., me, form, foctory, street, or)  E. fNJURY OCCURRED hille At Not While At Work the deceosed from August 16t	20A. AUTOPSY? (Yes or No)  NO in or obout 21C. WHERE DID inJURY OCCUR?  21F. HOW DID INJU  August 7th  19 68 ond the view the body ofter death.	(If in Boltime	ngust 16th 19.68
OTHER SIGN TO THE DEAD TO THE DEATH (notified and the dead to the	ANTECEDENT CAUSES  OR CONDITIONS, if the above cause (A) IG CONDITION lost.  II IFICANT CONDITION S CONDITION S CONDITION IN PAR CONDITION IN	ony, giving sloling the Standard Standa	(B) DUE TO, OR AS  (C) WHICH OPERATION  B. PLACE OF INJURY (e.g., me, form, foctory, street, or)  E. fNJURY OCCURRED hille At Not While At Work the deceosed from August 16t	20A. AUTOPSY? (Yes or No)  NO in or obout 21C. WHERE DID inJURY OCCUR?  21F. HOW DID INJU  August 7th  19 68 ond the view the body ofter death.	(If in Boltime IRY OCCUR?	ngust 16th 19 68.  pinlon death occurred on the december 19 19 19 19 19 19 19 19 19 19 19 19 19

258, NAME OF REGISTRAR

VS 150-REV. 1/1/6B

Mitzke, 4101 Edmondson Ave.

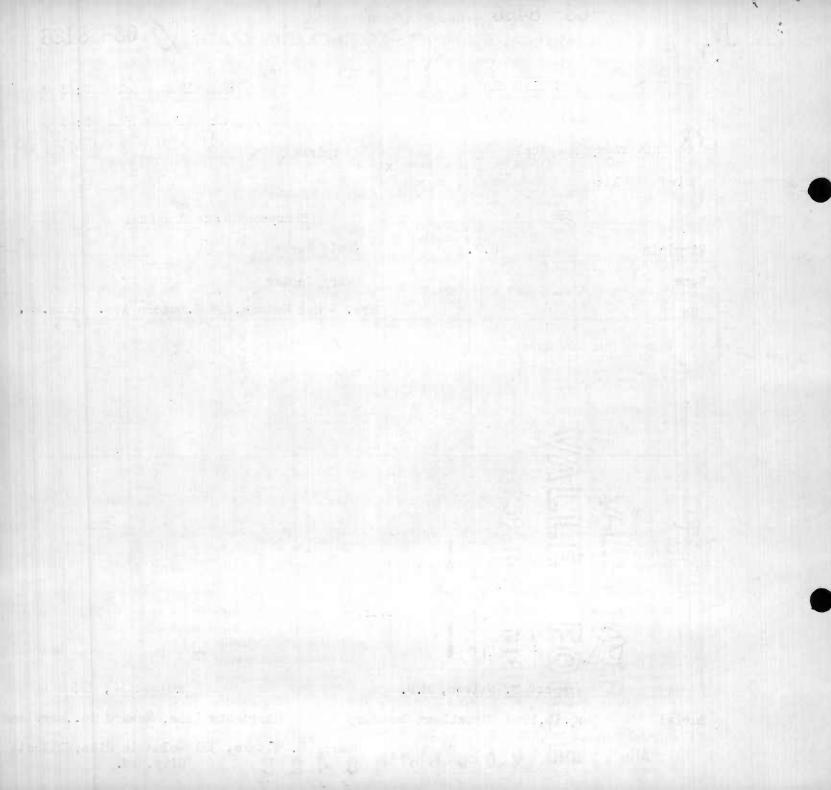
2SC. FUNERAL DIRECTOR



P620

68- 8426 BALTIMORE CITY HEALTH DEPARTMENT

	WE	DICAL	EXAMINER'S			DEAT	H REG. NO.	68-	8426
BIRTH NO.							REO. IVO.		
1. NAME OF DEC	CEASED			2. DATE OF	Knawn 🗽	Month	Day	Yeor	Hour
		IE PARI		DEATH	Estimated 🗌	8	13	68	3.45 p M
4. PLACE IN BAI	LTIMORE, MARYLAND,	WHERE PRO	NOUNCED DEAD	3. DATE	UNICED DEAD	Month	Doy	Yeor	Hour
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPIT ADDRESS OR LOC	AL OR INSTITATION)	TUTION, GIVE STREET		ESIDENCE (Where	August	13	1968	3.45 p M
3X				A. STATE			B. COUNTY	D.	1000
	versity Hosp				yland	(1)	HALL	601	36-9
6. SEX	7. RACE	B. MARRIE	D NEVER MARRIED	C. CITY OF	TOWN		D. INSIDE CI	LA FIWI123	
Male	White	WIDOWE	DIVORCED				YE	s 🗌 n	10 🗆
9. DATE OF BIRT	TH 10.AGE ( last birthd	In years	If Under 1 Yr, If Under 24 Hrs. Nonths Days Haurs Min.	E. STREET	AND NUMBER				
II. BIRTHPLACE	State or foreign cauntry)	1	2. CITIZEN OF	13. FATHER	'S NAME	on Stat	e Hospi	tal	
			WHAT COUNTRY?						
Virginia		In all accounts	U.S.		e Parks				
done during most of	JPATION (Give kind at worl working life, even if retired)	14B. KIND	OF BUSINESS OR INDUSTRY	115. MOTHE	R'S MAIDEN NA	ME			
None				Mar	y Carter				
16. WAS DECEAS	SED EVER IN U.S. ARME	D FORCES?	17. SOCIAL	IB. INFOR			AI	DRESS	
	(If yes, give war ar dates	at service)	SECURITY NO.	Mrs. E	thel Nelso	n.235	N. Luzer	n Ave.	Balto-Md
NO			CAUSE OF DEA		4102 11020				ROXIMATE INTERVAL
700			CAUSE OF DEA		1			BETWE	EN ONSET AND DEATH
DISEAS	SE OR CONDITION DIR	CTLY			/			0 /	7
	LEADING TO DEATH		(A)IMMEDIATE C	AUSE (L	uld a d	yake	us	respect	excess
(This does n	not mean the mode of d e, asthenia, etc. It means th	ying, e.g.,	DUE TO, OR	AS A CONSEC	UENCE OF:	11 0	7		
injury ar car	mplication which caused de	ath.)			6		V		
			100		0	00-			
	NTECEDENT CAUSES	V CIVING	(B)	make	my en	Mode	K		
RISE TO TH	OR CONDITIONS, IF AN IE ABOVE CAUSE (A) STA	ATING THE	000 10,00	AS A CONSE	STATE OF	2	0	1/	1
UNDERLYI	NG CONDITION LÁST.		(c) (d)	wood	Locatio (	artio	manche	7 4	tome
NOTHER SIGN	- 11								
TOTHER SIGH	II NIFICANT CONDITIONS C	ONTRIBUTI	NG						
O THE DE	ATH BUT NOT RELATED TO		IAL						
<u> </u>			OR WHICH OPERATION W	AS DEDECIDA	AED			21 AUTOF	SY? (Yes ar Na)
O DAIL	OI ENAMORY ESS. CO	1401110141	OR WINCH OF ERAHOTT W	-S I ERI ORI	ileo			21. 40101	311 (100 01 110)
10/									ES
	NAL CAUSE WAS	2:	2B. PLACE OF INJURY(e.g., ome, farm, factory, street, affic	in ar about	NUIDY OCCUPS	(If in Boltimar	e City, give exa	ct locotion)	
	G OR CONTRIB-	"	01110, 101111, 1001017, 31100, 01110	o blog., etc.)	TOOK! OCCOR.				
≥ 22D. TIME	(Manth) (Day) (Yes	r) (Hour)	22E.INJURY OCCURRED	:	2F. HOW DID IN	JURY OCCL	IR?		
OF INJURY (APPROX.)	7 7 7	7		WHILE	1 /	1			
23.		- ( n	n. WORK AT W	ORK L	unk	row	~		
	att. about bold		1 Innered An	XX		Lie Leete	death to an		
		Inquiry L	1	topsyXX	ond that on t	his basis,	deoth in my	apinion	
resul	red from Noturol co	159s W	Accident Suicid	de 🔲 🛮 H	omicide 🔲	Undetermin	ned monner 🛭		
	KIL	111	110		CHIEF MEDICAL I	EXAMINER			DATE CICNED
ACTUAL		UN	11)	ASS	STANT MEDICAL I	EXAMINER	X		DATE SIGNED
SIGNAT		V	M.D	· .					
NAME (		rd F	Wilson, M.D.	ASSC	OCIATE MEDICAL E	EVAMINEK	Augus	st 14,	1968
24A. BURIAL CRE		~~ I'	24C. NAME of CEMETERY	or CREMATO	DRY 24D	LOCATION		, ar county)	
REMOVAL (Spec		,1968	Crestlawn Cene						Co., Maryl
25 A. DATE REC'D	BY HEALTH DEPT.	25B. NA	ME OF REGISTRAR	25C.	FUNERAL DIRECT	OR	33 A A	DDRESS	
	AUG 19 1968	10:00	A Safordenna	Har	ry H. Wit	zke, 3			Ke, Ellico
P	JOG TA 1900	Ololen	19 Courthan w		4 3 17		City,	Md.	
VS 151-REV. 1/1/6	B -				मृत्यं				L



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Historian Service

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20 Y

August 15, by August 1. In

Michael D. Luty. M.O.

MICHIEL D ARTE, 18.0

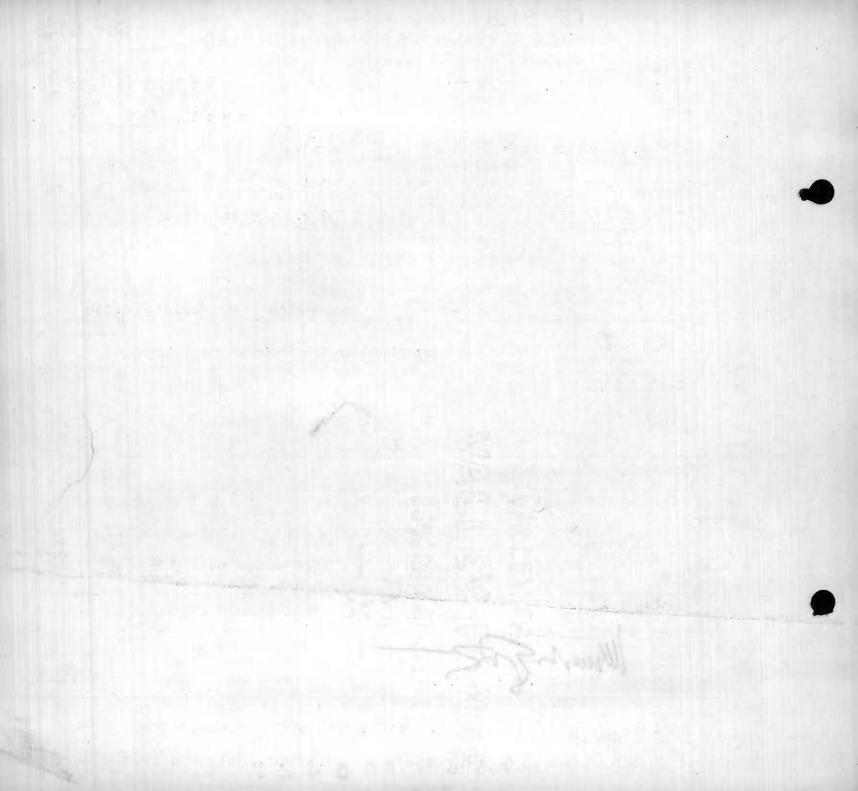
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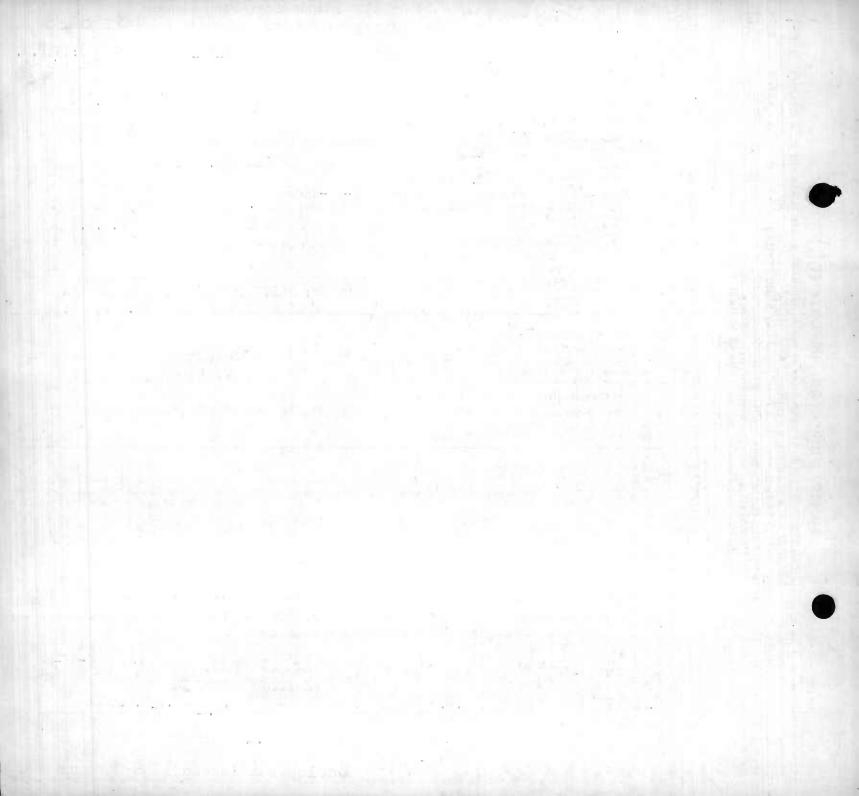
68- 8428 BALTIMORE CITY HEALTH DEPARTMENT
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

68-	8428
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MILDICAL LAAMII YER S	REG. NO.
BIRTH NO.  1. NAME OF DECEASED	2. DATE Known Manth Day Year Hour
(Type or Print)	0.5
ARTHUR (O) LANDING	DEATH Estimated M August 10, 1968 2:00 P M.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Day Year Hour PRONOUNCED DEAD
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	August 11, 1968 1:50 P.M.
OR INSTITUTION .	5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
707 W. Lafayette Avenue	A. STATE B. COUNTY Mary land
6. SEX 7. RACE B. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY IMITS?
	no14/man
male negro WIDOWED DIVORCED 9. DATE OF BIRTH 10. AGE (In years   If Under 1 Yr. If Under 24 Hrs	Baltimore YES X NO
d (20 /dr   lost birthday)   Manths   Days   Hours   Min	),
8/30/85 83	707 W. Lafayette Avenue
11. BIRTHPLACE (State or fareign country)  12. CITIZEN OF	13. FATHER'S NAME
Chestertown Md WHAT SOUNTRY?	
14A. USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTI done during most of working life, even if retired)	RY 15. MOTHER'S MAIDEN NAME
Unemployed	?
	18. INFORMANT ADDRESS
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na ar unknawn) (If yes, give war ar dates af service)	8 Mrs Helen Boyd 1411 Division St
19. / / CAUSE OF DE	
4/2/41	BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY Arteri	osclerotic Cardiovascular Disease
LEADING TO DEATH	CAUSE
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	R AS A CONSEQUENCE OF:
injury ar complication which coused death.)	
ANTECEDENT CAUSES (B)	
	R AS A CONSEQUENCE OF:
RISE TO THE ABOVE CAUSE (A) STATING THE	
UNDERLYING CONDITION LAST. (C)	
OT TO THE RIGINIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION V	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	
DISEASE OR CONDITION GIVEN IN PART 1 (A).	
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION V	NAS PERFORMED 21. AUTOPSY? (Yes ar No)
Ō	No
₹ 22A. EXTERNAL CAUSE WAS 22B. PLACE OF INJURY(e.g	., in ar about 22C. WHERE DID (If in Boltimare City, give exact lacation)
UNDERLYING OR CONTRIB- hame, form, foctory, street, off	ice bldg., etc.) INJURY OCCUR?
	22E HOWAID INTURY OCCUPA
OF INJURY	
(APPROX.) m. WHILE AT	WORK
23.	
I certify that I held an Inquiry Inspection X A	utopsy ond that on this basis, death in my opinion
resulted from: Notural causes X Accident Suic	ide Homicide Undetermined monner
	CHIEF MEDICAL EXAMINER
ACTUAL /// ACTUAL	ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER
	.D.,
EXAMINER'S Werner U. Spitz, M.D.	ASSOCIATE MEDICAL EXAMINER 8/12/68
NAME (Type)  24A. BURIAL CREMATION,   24B. DATE   24C. NAME of CEMETER	Y or CREMATORY 24D. LOCATION (City, town, or county) (Stote)
REMOVAL (Specify)	(City, town, or county) (Stote)
Burial 8/15/68 Mt Aubur	n Cemetry Baltimore Md
25A. DATE REC'D BY HEALTH DEPT.   25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
ALIC 1010GU MO LO TABLE	Adolphus Holstand 1206 W North AV
AUG 19 1968 R. Carto, 2 . Danbeys	Adolphus Halstead 1206 W North AV



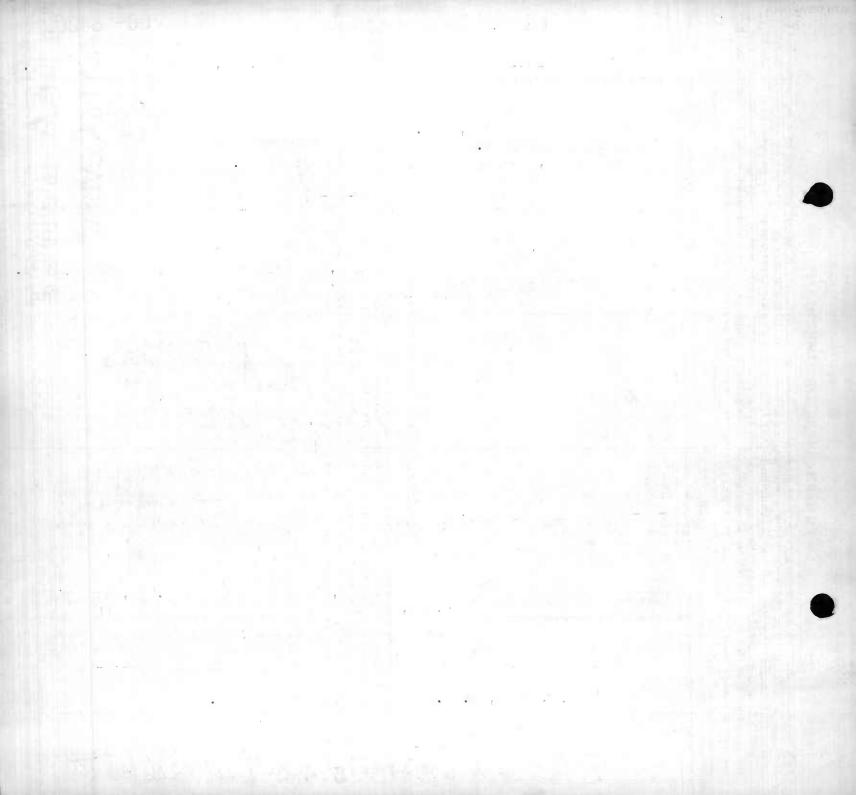
0117	68- 8	A DO BALTIMORE CITY	HEALTH DEPARTMENT		00 0400
13-610	00- 0	CERTIFICA	TE OF DEATH	REG. NO	68-8429
I, NAME OF DECEASED Type or Print)  ARAH	BARBE	SARAH BARBER	2. DATE A	ND HOUR OF DEATH	77:15_P.M
3. PLACE IN BALTIMORE, MARYL			4. USUAL RESIDENCE (Wh.	ere deceased lived. Il in	nstitution: residence before admissi
FULL NAME OF (IF NOT IN	L HOSPITAL OF I	NSTITUTION, GIVE STREET	MARYLAND	0	-17
HOSPITAL OR ADDRESS	OR LOCATION)		C. CITY OR TOWN	ID: INS	IDE CITY LIMITS?
NSTITUTION BALT IMORE		TIME	BALTIMORE		YES IN NO
3/ 4940 EASTE		0.4001	E. STREET AND NUMBER		
BALTIMORE,	MARYLAND	21224	4940 EASTER	N AVE. 2122	0/.
SEX 6. RACE	7. MAR	RIED X NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In yeers	If Under 1 Yr. If Under 24 H
FEMALE NEGRO	141100	WED DIVORCED	5-27-1888	9. AGE (In yeers last birthdey)	Manths Days Haurs Min.
OA. USUAL OCCUPATION (Give ki		D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for	eign ceuntry)	12. CITIZEN OF WHAT COUNT
Housewife	ii reiired)		MARYLAN	D	U.S.A.
3. FATHER'S NAME			14. MOTHER'S MAIDEN NA	ME	
5. Was Deceased Ever in U. S. A	Armed Faices?	1 6. SOCIAL	17. INFORMANT		ADDRESS
es, ne ar unknewn) (II yes, give w	ar or dates al serv	SECURITY NO.	RECORDS: BALTI	MORE CITY HO	SPITALS
	note:		4940 EAS	TERN AVE. BA	LTO. MD. 21224
18. 486 X 1		CAUSE OF DEAT	H.		APPROXIMATE INTERVA
DISEASE OR CONDIT	TION DIRECTLY				DET VIEET ON DET AND DE
LEADING TO	DEATH	Wasterstate ear	ISE Et Pheun	ania	
(This does not mean the i	mode of dying,	e.g., (A) IMMEDIATE CAI	A CONSEQUENCE OF		
heart failure, asthenia, etc.	Il means the disc		O S	piration	
injury as camplication which	h caused death.)		W.S	11000	
ANTECEDENT	CAUSES	(p)			
DISEASES OR CONDITIO	NS, if any, g	iving DUE TO, OR AS	A CONSEQUENCE OF:		
rise to the above cau		the			
UNDERLYING CONDITION	last.	(C)			
493X II					
OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT RELA					
DISEASE OR CONDITION GIVE	EN IN PART 1 (A).		***************************************		
	19B. CONDITION I	FOR WHICH OPERATION	20A AUTOPSY? (Yes or N	20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED
21A. ACCIDENT WAS UNDER	RLYING	218. PLACE OF INJURY (e.g.,	in or ebout 21 C. WHERE DID	(If in Baltime)	re City, give exact lecation)
OR CONTRIBUTING CAUSE	E OF	heme, feim, factory, street, a	ffice bldg., INJURY OCCUR?	(ii iii bainine	
DEATH (netify medical examin					
OF INJURY (Month) (Day	Year) (Haur)	21 E. INJURY OCCURRED	21 F. HOW DID IN	JURY OCCUR?	
(APPROX.)		While At Not Whi At Wark			
20 1 41 41 41 41	L - 11-12			10/.61	8 13
22. I certify that (1) (this		- 1-	(0)=	19 6 10	8-12-1968
that (1) (we) last saw the	deceased alive	on 8-12	19 Le 8 and t	hat in (my) (our) ap	nian death accurred on the c
and haur and from the cau	ses stated abou	ve (1) (We) (did) (dld nat)	view the body after death.		
23A. SIGNATURE	ses sidied and				Jaco B Ave elevies
	, l	1			238, DATE SIGNED
	م م م م م م	AL LANGE AM	ending Med.	Staff	238, DATE SIGNED
R. Chr	stopher	Stucken Rb	B. Director	Phys. Let	8-12-68
23C. PHYSICIAN'S NAME (Type)	stopher			Phys. Let	\$ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
23C. PHINICIANS NAME (Type) R. CHRISTOP	stopher	EY. M. D.	B. Director	RE CITY HOS	Y-128-12-68 PITAIS
R. CHRISTOP  4A. BURIAL CREMATION, 24B.	stophen PHER STUCK	STUCKShed Riv	ADDRESS BALTIMO	RE CITY HOS I AVE., BALTO.	Y ~ 1 28-12-68 PITAIS MD. 21224
R. CHRISTOP  AA. BURIAL CREMATION, 24B. REMOVAL (Specify)	PHER STUCK	EY, M.D. DEGREE	A940 EASTERN EMATORY 240.	RE CITY HOS I AVE., BALTO.,	PITAIS MD. 21224 ity, tawn, ar ceunty) (Stete
R. CHRISTOP  4A. BURIAL CREMATION, 24B.  REMOVAL (Specify)  Burial  8/:	PHER STUCK	EY, M.D.  GEORGE  GEOR	A940 EASTERN EMATORY  Director  4940 EASTERN  240.	RE CITY HOS I AVE., BALTO. LOCATION (C Baltimore	PITAIS MD. 21224 ity, tawn, or ceunty) (Stete
R. CHRISTOP  AA. BURIAL CREMATION, 24B.  Burial 8/:	PHER STUCK	EY, M.D. DEGREE	A940 EASTERN EMATORY  23C. FUNERAL DIRECTO	RE CITY HOS I AVE., BALTO. LOCATION (C Baltimore	PITAIS MD. 21224 ity, tawn, or county)  Address
R. CHRISTOP  A. BURIAL CREMATION, 24B. REMOVAL (Specify)	PHER STUCK	EY, M.D.  GEORGE  GEOR	A940 EASTERN EMATORY  Director  4940 EASTERN  240.	RE CITY HOS I AVE., BALTO. LOCATION (C Baltimore	PITAIS MD. 21224 ity, tawn, or county)  Md  ADDRESS

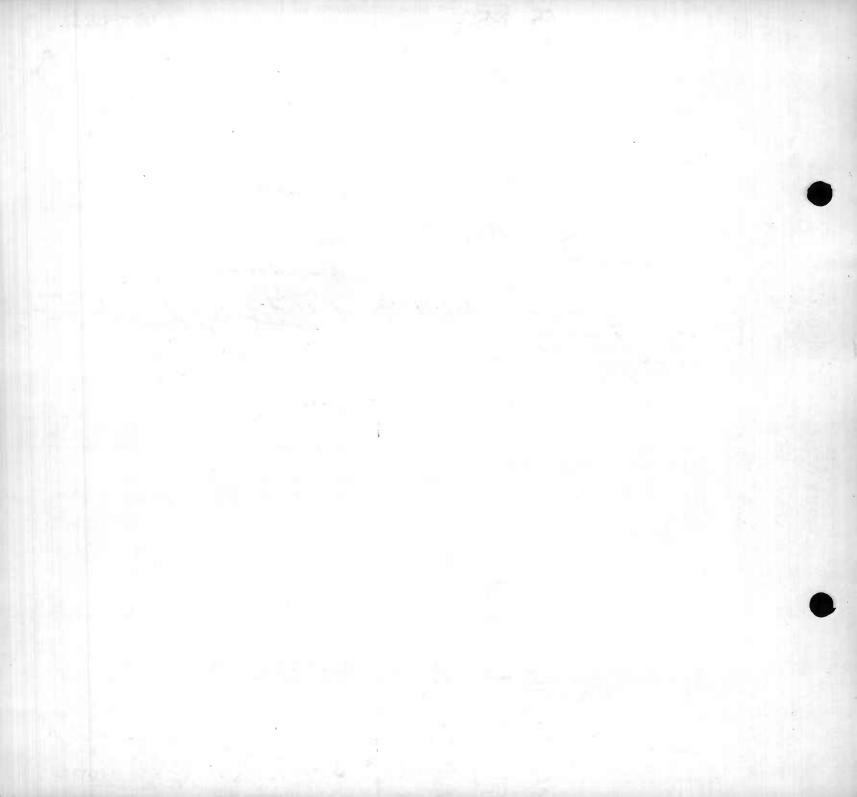


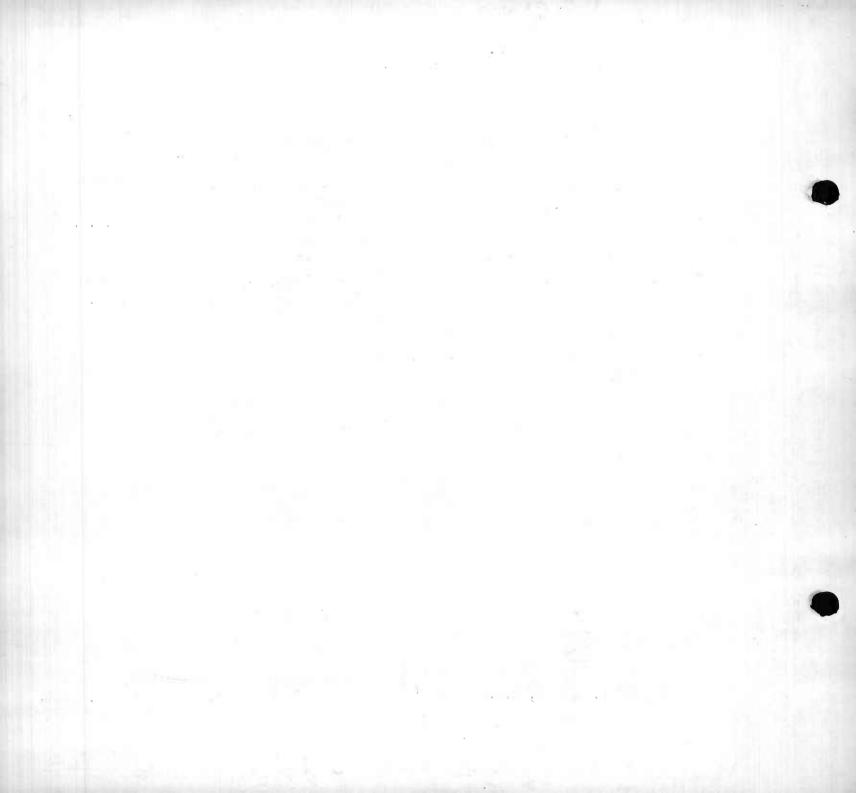
DIRECTOR:

FUNERAL

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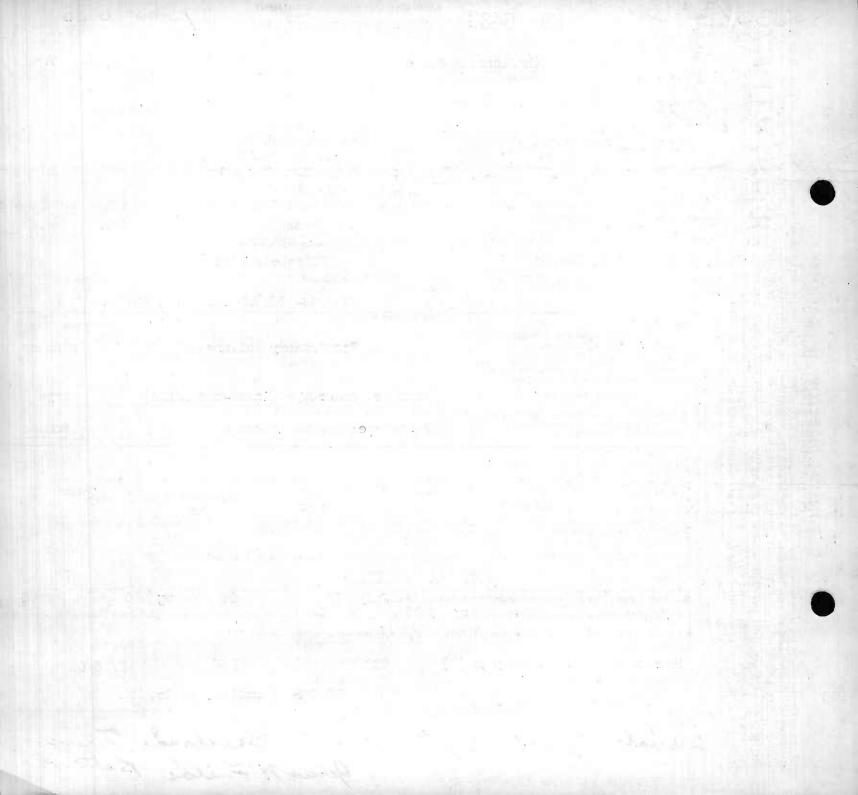






BALTIMORE CITY HEALTH DEPARTMENT

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BALTIMORE CITY HEALTH DEPARTMENT

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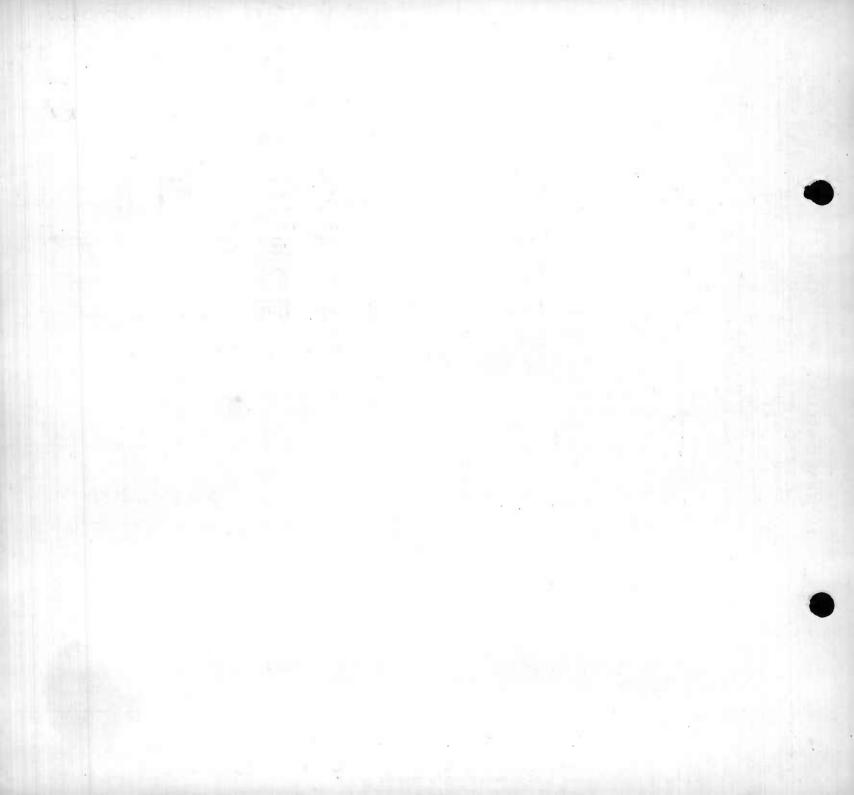
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DIRECTOR:

FUNERAL

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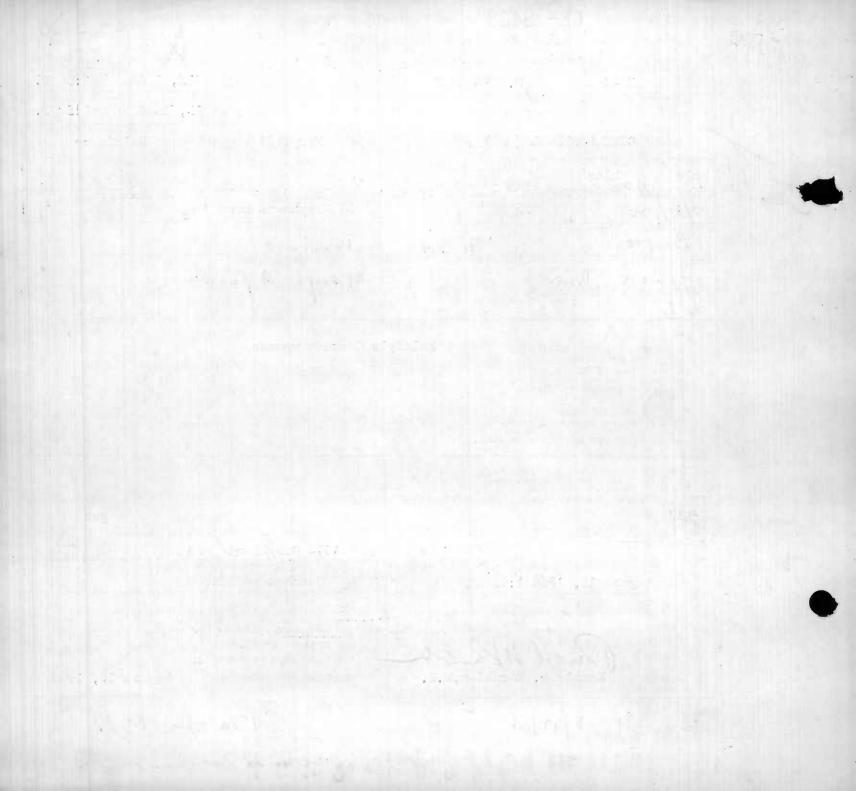
VS 150-REV. 1/1/6B



VS 151-REV. 1/1/68

68- 8438

MEDICAL EXAMINER'S C	CERTIFICATE OF DEATH REG. NO.
1. NAME OF DECEASED	2. DATE Known Month Doy Year Hour
(Type or Print) VINCENT M. PATUCCI	OF DEATH Estimated August 15, 1968 2:50 P. M.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy Year Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION	PRONOUNCED DEAD August 15, 1968 2:50 P.  M.  5. USUAL RESIDENCE (Where deceosed lived, if institution; residence before odmission)
CITY HOSPITAL (DOA)	A. STATE Maryland B. COUNTY Baltimore
6. SEX   7. RACE   8. MARRIED   NEVER MARRIED   WIDOWED   DIVORCED	C. CITY OR TOWN  Essex  D. INSIDE CITY LIMITS?  YES  NO
9. DATE OF BIRTH 10. AGE (In years of Under 1 Yr. If Under 24 Hrs. 10st birthdoy) 55 Months Doys Hours Min.	E. STREET AND NUMBER 674 Greyhound Road
11. BIRTHPLACE (Stole or foreign country)  12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME  Dominic
14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY	
done during most of working life, even if retired)	MAry Aguina
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)(If yes, give wor or dotes of service)  17. SOCIAL SECURITY NO.	18. INFORMANT ADDRESS
C SECONTINO	
19. E 965 X I CAUSE OF DEA	TH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY Multipl	e Gunshot wounds
LEADING TO DEATH (This does not meen the mode of dying, e.g., DUE TO OR A	:AUSE AS A CONSEQUENCE OF:
heort follure, osthenio, etc. It means the disease, injury or complication which coused death.)	AS A CONSEQUENCE OF:
DISEASES OR CONDITIONS, IF ANY, GIVING  (B)  DUE TO, OR	AS A CONSEQUENCE OF:
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
(c)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W/	***************************************
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	AS PERFORMED 21. AUTOPSY? (Yes or No)  yes
Z22A. EXTERNAL CAUSE WAS   22B. PLACE OF INJURY(e.g.,	in or about 22C. WHERE DID (If in Boltimore City, give exact location)
O HAIDEBLYIAIC SECON CONTROLS Thome, form, foctory, street, office	674 Greyhound Road
22D. TIME (Month) (Doy) (Year) (Hourh 22E.INJURY OCCURRED	22F. HOW DID INJURY OCCUR?
(APPROX.) August 15, 1968 1:45 WHILE AT NOT AT W	WHILE S Gunshot wounds
23.	. 🔻
	topsy X ond that on this basis, death In my opinion
resulted from: Natural couses Accident Suicid	He Homicide W Undetermined monner CHIEF MEDICAL EXAMINER
ACTUAL I have I Kunth	ASSISTANT MEDICAL EXAMINER TO DATE SIGNED
EXAMINER'S Ronald N. Kornblum, M.D.	ASSOCIATE MEDICAL EXAMINER August 16, 1968
NAME (Type)  24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY	or CREMATORY 24D. LOCATION (City, town, or county) (Stote)
REMOVAL (Specify)	Ball MI
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
ALLO A A MARK IN A A IT LATE US	14 1 7 7



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## 68-8439 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL	EXAMINER'S	CERTIFICATE	OF	DEATH	REG. NO.
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68-8439

NAME OF DECEASED	2. DATE Known & Month Doy	Yeor Hour
Calch JAMES VENABLE	OF DEATH Estimoted 8 15	68 1:40 a M.
PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy	Yeor Hour
ULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	PRONOUNCED DEAD	
OSPITAL ADDRESS OR LOCATION) OR INSTITUTION	5. USUAL RESIDENCE (Where deceased lived. If institution	1968 1:40 ам.
1//	A. STATE  B. COUNTY	on: residence before admission)
1 Lutheran Hospital	Maryland	
SEX 7. RACE B. MARRIED NEVER MARRIED		TY LIMITS?
The second of th		- M
DATE OF BIRTH 10.AGE (In years   If Under 1 Yr. If Under 24 Hrs.	Balto.	YES NO LE
1 0 10 5 lost birthdoy) Months; Doys; Hours; Min.	E. STREET AND NOMBER	
1-8-1902 16	1722 Harlem Ave.	
1. BIRTHPLACE(Stote or foreign country) 12. CITIZEN OF	13. FATHER'S NAME	100
Balto, md WHAT COUNTRY?	Humbert Dour	-Kin 1)
4A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY	15: MOTHER'S MAIDEN NAME	1
one during most of working life, even if retired)	che anotto Monale	101
Juan -	THE CONTROLLE OF CONTROL	
(ef WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL (es, no pr unknown) ((if yes, give wor or dotes of service) SECURITY NO.	INFORMANT 1722 AT	verem lue.
110	Ganotte (Indelo	
119. CAUSE OF DEAT	TH/	APPROXIMATE INTERVAL
00717		BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY		
LEADING TO DEATH  (A) IMMEDIATE C		***************************************
heort toilure, osthenio, etc. It meons the diseose,	AS A CONSEQUENCE OF:	
injury or complication which coused death.)		
ANTECEDENT CAUSES (0)		
DISEASES OR CONDITIONS, IF ANY, GIVING  (B)  DUE TO, OR	AS A CONSEQUENCE OF:	
MISE TO THE ABOVE CAUSE (A) STATING THE		
UNDERLYING CONDITION LAST. (C)		
2 3 2 3 X II		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
DISEASE OR CONDITION GIVEN IN PART 1 (A).	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA	AS PERFORMED	21. AUTOPSY? (Yes or No)
3/4	10 I EN ONNED	21. 20101311 (1900)
		YES
✓ 22A. EXTERNAL CAUSE WAS 22B. PLACE OF INJURY (e.g., home, form, foctory, street, office	in or about 22C, WHERE DID (If in Baltimore City, give e	xoct location)
UTING CAUSE OF DEATH.	o orage, ere.) Into our occor.	
22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED	22F. HOW DID INJURY OCCUR?	
	WHILE [7]	
m. WORK	ORK L	
23.		
	tapsy XX and that on this basis, deoth In m	y opinian
resulted from Natural causes XX Accident Suicid	le Undetermined monner	
17.11	CHIEF MEDICAL EXAMINER	
ACTUAL SIGNATURE MAD M.D	ASSISTANT MEDICAL EXAMINER XXX	DATE SIGNED
SIGNATURE M.D		
EXAMINER'S	ASSOCIATE MEDICAL EXAMINER	
NAME (Type) Edward F. Wilson, M.D.  14A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY		igust 15, 1968
14A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY	or CREMATORY 24D LOCATION (City, to	wn, or county) (Stote)
4317819-18/19-68 MAT Wille	urn In Vam MI	· · · · · · ·
SA. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR 173 5 11	ADDRESS old ave
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LIAM TO IAMA (APPRINT) CIT MENOCHUM	a Haraton M. Adem	2/10/15

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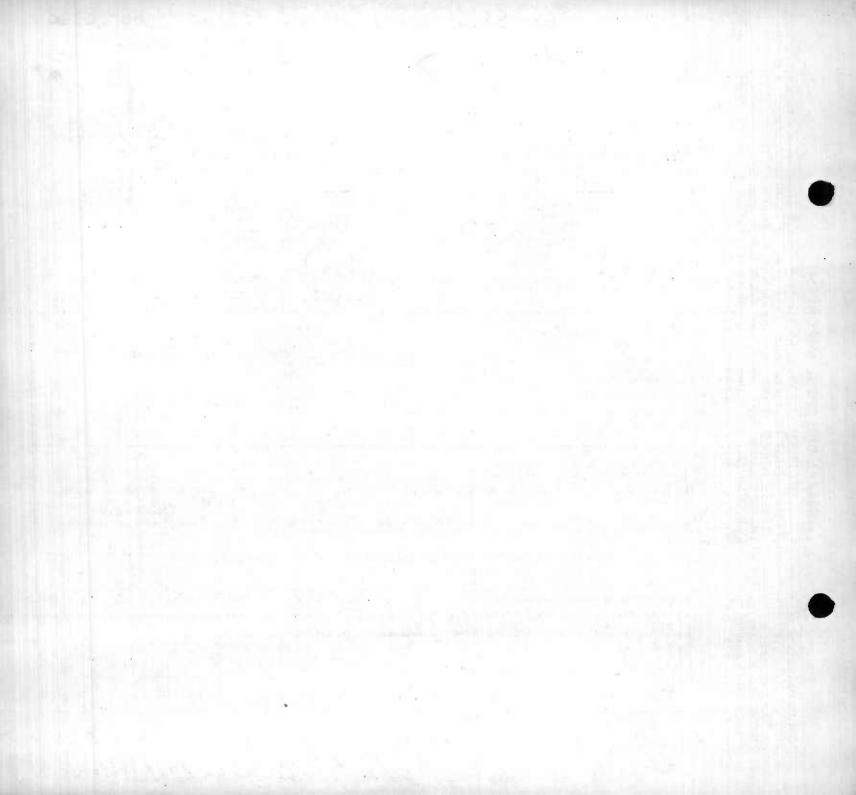
MARKETTANIA GEORGEAN NOSA SALTANIA 72 held 3 150 10 10/05/8 × N M M homester harder presented - Security Theory ZWW say 16 Aug 64 D Pet Breaging Act in due of the service

## Saltimore city Hospital

Respondent constitioned of the service of the servi

Sand I Shaw HO Bathmore City Huspite

35-12-86 IT 1		S-300 68-8442 CENTIFICA	HEALTH DEPARTMENT	CO_ 0449
		OO. CALL CERTIFICA	TE OF DEATH REG. NO	68-8442
i and death death eased in the Such		RTH NO.	2, DATE AND HOUR OF DEATH	1 20
0 0 0 N	(Ту	pe or Print) SCOTT, Mary HANN	August, 15	1968 11 DM.
hospital and ise of death (5) Deceased ance on the death. Such	3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. I) A. STATE B. COUNTY	institution: residence before admission)
5 00	FL	IL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	MARYLAND	
2 . 7	H	OSPITAL OR ADDRESS OR LOCATION BALTIMORE CITY HOSPITALS		SIDE CITY LIMITS?
c > 2 - L	1:	2 / 4940 EASTERN AVENUE	BALTIMORE	NO NO
n occurred in contributing itermined can regular afficeased prior is made.	-	BALTIMORE, MARYLAND # 21224	E. STREET AND NUMBER 4200 MAINE AVENUE	21207
ibut nec	5.	SEX 6. RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months! Doys Hours! Min.
occurre ontribut ermined regular eased p	F	EMALE NEGRO WIDOWED DIVORCED	3-1-82   lost birthdoy) 86	Williams Doys Hours Williams
con con reference		N. USUAL OCCUPATION (Give kind of work 10 B. KIND OF BUSINESS OR INDUSTRY to during most of working life, even if retired)		12. CITIZEN OF WHAT COUNTRY?
or nde		Domistic	VIRGINIA	U.S.A.
D + D D 0 8	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	2
direction of the state of the s		Genga.	Huler Bell	
AN dint	13.	Was Deceased Ever in U. S. Armed Forces? s, no or unknown all f yes, give wor or dates of service)  16. SOCIAL SECURITY NO.	17. INFORMANT BALTIMORE CITY H	OSPITA IADORESS
ORTAN' assistant if the di ny kind; d death ance on		4	RECORDS: 4940 EASTERN AV.	YLAND #21224
0 0 0 0		18. 45 0 9 1 CAUSE OF DEATH	Ĥ	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
his so, of a unc		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	17 11 - 111	121
0 4 0 5 0 5		(This does not mean the made of dying, e.g.,  (A) IMMEDIATE CAL  DUE TO, OR AS	USE Intra-abdominal He A CONSEQUENCE OF:	moder hage 19 hr
R: er. ctur pror		hearl failure, asthenio, etc. II means the disease, injury or complication which caused death.)		
examine (xamine (xamine)) A fraction who prince on princ		ANTECEDENT CAUSES	rt Failure	
O SEANS		DISEASES OR CONDITIONS, il any, giving DUE TO, OR AS	A CONSEQUENCE OF:	
		rise to the above cause (A) stating the UNDERLYING CONDITION last. (C)		
		462.211		
FUNERAL DIR le chief medical by a medical e 2) Body burns; (3 e the physician physician was in	ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL		
A B B B B B B B B B B B B B B B B B B B	. 4	DISEASE OR CONDITION GIVEN IN PART 1 (A).  1994. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20 A. AUTOPSY? (Yes or No) 20B. IF YES, WERE	E FINDINGS CONSIDERED
Chie chie Body the the	) =	WAS PERFORMED	YES IN CERTIFYING C	AUSES OF DEATH?
_ E :: = -	Ü	OR CONTRIBUTING CAUSE OF home, form, foctory, street, of	n or obout 21C. WHERE DID (If in Saltime ffice bldg., INJURY OCCUR?	ore City, give exact lacation)
ved b hosp natur ept w d (6)	MEDI	OF INTITIES	21F. HOW DID INJURY OCCUR?	
o h		(APPROX.) Work L At Work		
the the cany (exc		22. I certify that (I) (this haspital) ottended the deceased fram. 19.3	1	/
2 5 4 5 E 5 4	3	that (1) (we) last saw the deceased alive an Avgv5v	15 19 6 and that in(my) (aur) ap	olinion death occurred on the date
ust be cased dent ospit		and haur and from the causes stated abave. (1) (**-(did) (did not) v	rlew the bady after death.	23B, DATE, SIGNED
ust eass ide		1.11.1M - 1/1 AHO	ending Med. Staff	4/15/14
E T T T T T T T T T T T T T T T T T T T		DEGREE	23D. ADDRESS	10/13/60
rificate m y was rel (1) An acc ).A. at a l d prior to		PAME (Type) WILLIAM MAC DONALD M.D.	BALTIMORE CITY HOSPITAL	
A P P	24.	A. BURIAL CREMATION, 24B. DATE 24C NAME of CEMETERY OF CRI	- 4940 EASTERN AVENUE EMATORY (24D. LOCATION) (1)	City. Town, or county) (Stoty)
od),		REMOVAL (Specify) 860/19 Quelino 10	more Des K	Battomelo
This certif the body shows: (1) was D.O deceased	25	A DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRARY	245 FUNDA DIRECTOR	ADDRESS
This sho was	1	AUG 19 1968 Pelat & Falleyna Mi	HON Williams 17	of h Bond Atio
	VS	150-REV. 1/1/6B	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	



MEDICAL EXAMINER'S	CERTIFICATE OF DEATH	68- 8443
BIRTH NO.	REG. NO.	
1. NAME OF DECEASED (Type or Print)	2. DATE Known Month Day	Yeor Hour
MACK M. DUBOSE	DEATH Estimoted · 8 14	68 4:00p M.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Manth Day	Year Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION)	PRONOUNCED DEAD August 14	1968 4:00 pm.
ORINSTITUTION	5. USUAL RESIDENCE (Where deceased lived. if institution:	
Franklin Square Hospital	A. STATE B. COUNTY Maryland	
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY	LIMITS?
	Balto. YES	
9. DATE OF BIRTH 10. AGE (In years   If Under 1 Yr. If Under 24 Hrs.	E. STREET AND NUMBER	LI NOLL
Manths Doys Hours Min.	· X	
11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF	1103 Cloney St.	
WHAT COUNTRY?	Printing Duling	
TANKS OF THE COLUMN OF PHENTES OF INDUSTRIA	Versue Village	
14A.USUAL OCCUPATION (Give kind of work 148. KIND OF BUSINESS OR INDUSTR	MOTHER & MAIDEN SYME	
Longshpeware	Louise Marlin	4
16. WAS DÉCEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give wor ar dotes of service)  17. SOCIAL  SECURITY NO.	18. INFORMANT	ORESS
165-10-632	3 Me Stall Duliase 1103 Cl	oney Str.
19. CAUSE OF DEA	ATH	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY Arterios C	lerotic cardiovascular disease	
LEADING TO DEATH (A)IMMEDIATE		
	AS A CONSEQUENCE OF:	
injury ar complication which coused death.)		
ANTECEDENT CAUSES (8)		
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO, OR	AS A CONSEQUENCE OF:	22220 b - 10000000 adament 0 with adament 0 a an
UNDERLYING CONDITION LAST.		
(C)		
To THE DEATH BUT NOT RELATED TO THE TERMINAL		
DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	AS DEDECORNED	21. AUTOPSY? (Yes or No)
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	AS PERFORMED	ZI. AUTOPST? (Tes of No)
		No
O HAIDERIVIAIC TOR CONTRIB	, in ar about 22C. WHERE DID (If in Boltimore City, give exoct ce bldg., etc.) INJURY OCCUR?	location)
☐ UTING ☐ CAUSE OF DEATH.		
22D. TIME (Month) (Day) (Year) (Haur) 22E.INJURY OCCURRED OF INJURY	22F. HOW DID INJURY OCCUR?	
	WHILE WORK	
23.		
I certify that I held on Inquiry Inspection XX Au	ond that on this basis, death in my o	pinlon
resulted from Notural causes XX Accident Suici	de 🔲 Homicide 🗌 Undetermined monner 🗌	
	CHIEF MEDICAL EXAMINER	
ACTUAL DURAGO VVS	ASSISTANT MEDICAL EXAMINER	DATE SIGNED
SIGNATURE M.I	ASSOCIATE MEDICAL EXAMINER	
NAME (Type) Edward F. Wilson, M.D.	Augus	st 15, 1968
24A. BURIAL CREMATION, 24PD DATE 24C. NAME of CEMETERY		
REMOVAL (Specify) Was M. 1468 mt lubus	1 Comiteres 4 (1sthatt De	Minux Ind
25A, DATE REC'D BY HEALTH DEPT. 25B, NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	DDECC!
Wild a second in a cold of the	OLALA THE DIRECTOR	in mostly are
AUG 19 1868 (P. L. & E. S. D. Part	July Burn State	itre. Mil
VS 1S1-REV. 1/1/68	junum)	1 //

.4 (1000)

25C. FUNERAL DIRECTOR

ADDRESS-



25A. DATE REC'D BY HEALTH DER

VS 151-REV. 1/1/6B

25B. NAME OF REGISTRAP



BALTIMORE CITY HEALTH DEPARTMENT

NO

Hours

DRIVE

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

Md.

York Rd.

ADDRESS

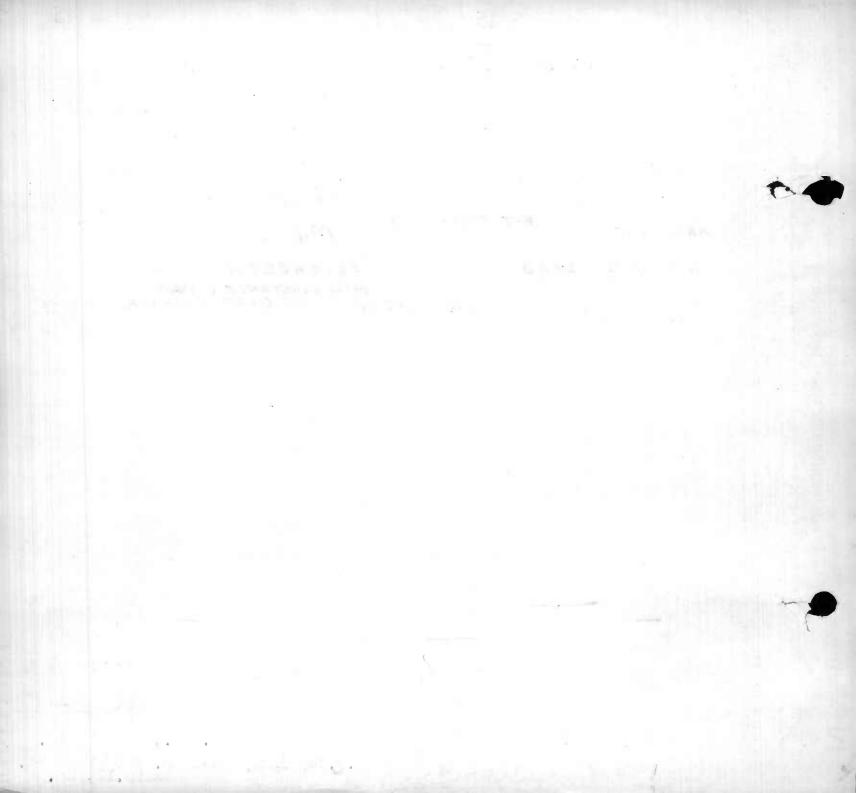
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If Under 24 Hrs.

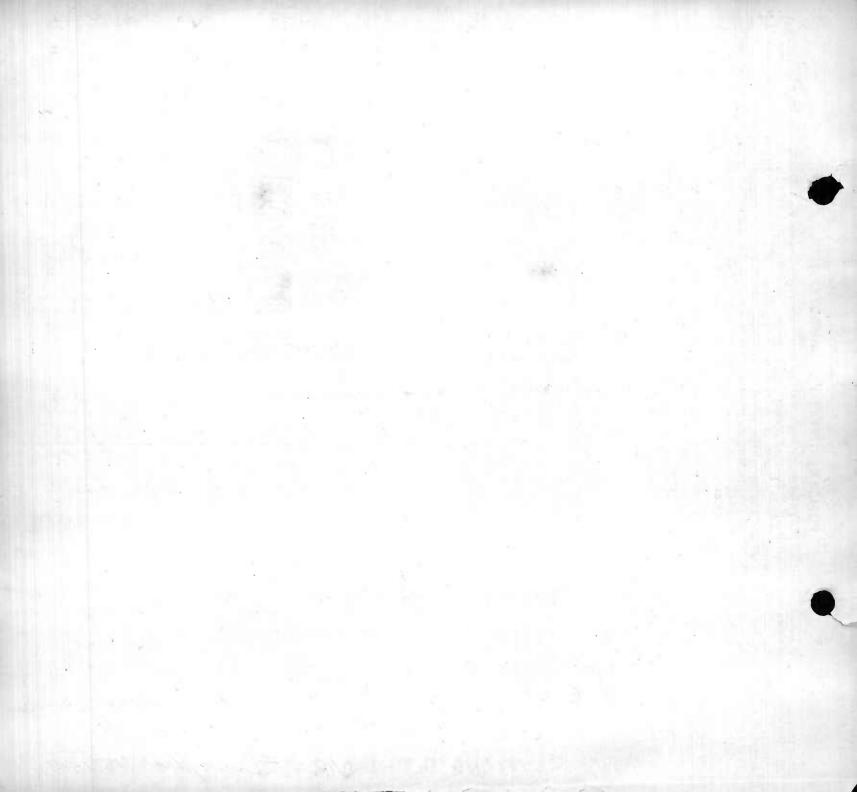
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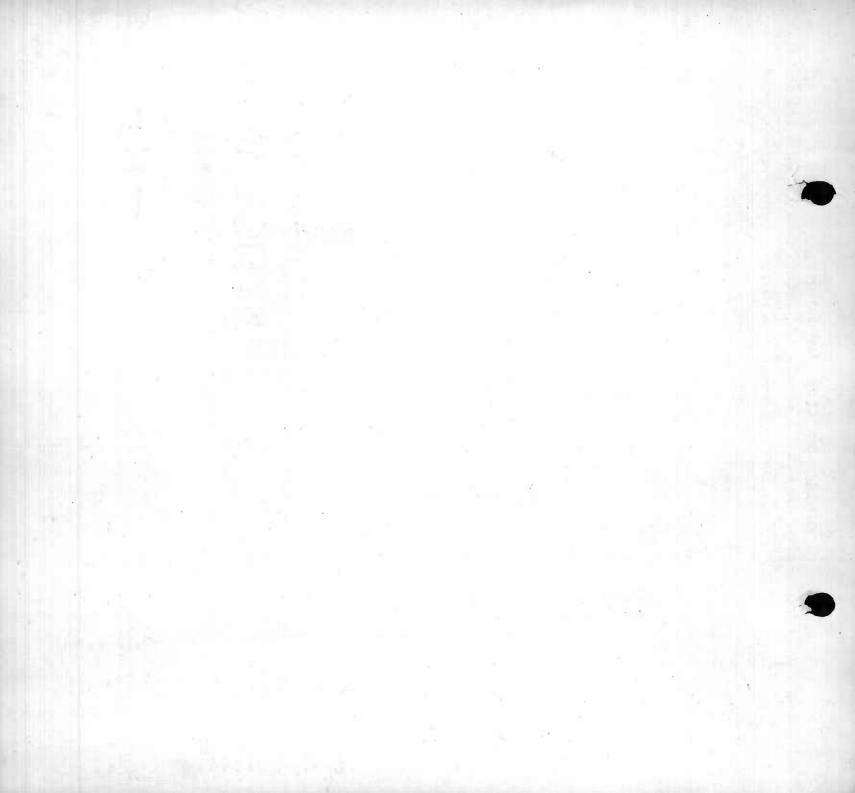
FUNERAL DIRECTOR:



	Y HEALTH DEPARTMENT 68-8446		
68- 8446 CERTIFICA	ATE OF DEATH		
BIRIH NO.	The state of the s		
1, NAME OF DECEASED (Type or Print)	2, DATE AND HOUR OF DEATH		
BESSIE BUTLER	8/14/68 4 7 A.M.		
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE B. COUNTY		
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN D. INSIDE CITY LIMITS?		
SOUTH BALTIMORE GENERAL NOSPITAL	BALTIMORE YES Y NO		
THE SOUTH PRICE THE	E. STREET AND NUMBER		
WANDVER ST.	4100 RITCHIE HICKWAY		
5. SEX 6. RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. , If Under 24 Hrs.		
FEMALE CAV WIDOWED DIVORCED			
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State of loreign country) 12. CITIZEN OF WHAT COUNTRY?		
HOUSEWIFF	DELAWARE USA		
13. FATHER'S NAME	371		
done during most of working life, even if retired)  HOUSEWIFE  13. FATHER'S NAME  PATRICK OVELLA  15. W. D. D. L. C.	17. INFORMANT ADDRESS  BERNARD E. BUTTER 9100 ROCHIE HEWY		
DATRICK OVELL.  15. Was Deceased Ever in U. S. Armed Forces?  16. SOCIAL	17. INFORMANT ADDRESS		
1113. Was Deceased Ever in O. 3. Armed Torces:	O G & B B - Waller A. II		
(Yes, no or unknown) (If yes, give wor or dates of service)  SECURITY NO.  212-09-0369	BERNARD L. DUTGER "1100 KITCHIE MEWY		
CAUCE OF DEA	TH APPROXIMATE INTERVAL		
DISEASE OR CONDITION DIRECTLY	BETWEEN ONSET AND DEATH		
LEADING TO DEATH	SUSE ARRITHMIA (CARDIAL) MINUTES		
(This does not meen the mode of dying, e.g., DUE TO, OR AS	A CONSEQUENCE OF:		
LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury ar complication which coused death.)			
F			
(B) COK	FUL NOWALE YEARS S A CONSEQUENCE OF:		
dies to the chara cours (A) stating the			
4	VIC OBSTRUCTIVE AIRWAY DISEASE VEARS		
UNDERLYING CONDITION IOSI. (C). CARLOZ			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING			
19A, DATE OF OPERATION 19B, CONDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED		
	IN CERTIFYING CAUSES OF DEATH?		
U 21A. ACCIDENT WAS UNDERLYING 218 PLACE OF INJURY (e.g.	in or obout 21 C. WHERE DID office bldg., INJURY OCCUR? (If in Boltimore City, give exact location)		
	21F. HOW DID INJURY OCCUR?		
VARRONN While At Not While			
O Work At Wor			
22. I certify that (I) (this hospital) attended the deceased fram			
C/14	19 68 and that in(my) (our) apinian death occurred an the date		
and have and from the causes stated above. (i) (We) (did) (did nat)			
23A. SIGNATURE	238, DATE SIGNED		
E Al O L.			
JOHN Trizzero M. O. DEGREE PH	tending Med. Staff Phys. Staff 8/14/68		
230/ HYSICIAN'S (NAME (Type)	23D. ADDRESS		
	1701 INGRAM RD BALTIMORE MO		
24A. BURIAL CREMATION, 24B. DATE / 24C. NAME of CEMETERY OF C	REMATORY 24D. LOCATION (City, town, or county) (Stote)		
	MEM. PR. GENBURNIE, MD.		
DUKIAL 7/1/03 COOTINGO	125C. EUNERAL DIRECTOR. ADDRESS		
BURIAL  25A. DATE REC'D BY HEALTH DEPT.  25B. NAME OF REGISTRAR  AUG 19 1968 P 0.54 D 34 D 44	BIMANTIDENMINE. 715LIGHT ST		
3 AUG 19 1968 P. C. F. BURN	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		



VS 150-REV. 1/1/68



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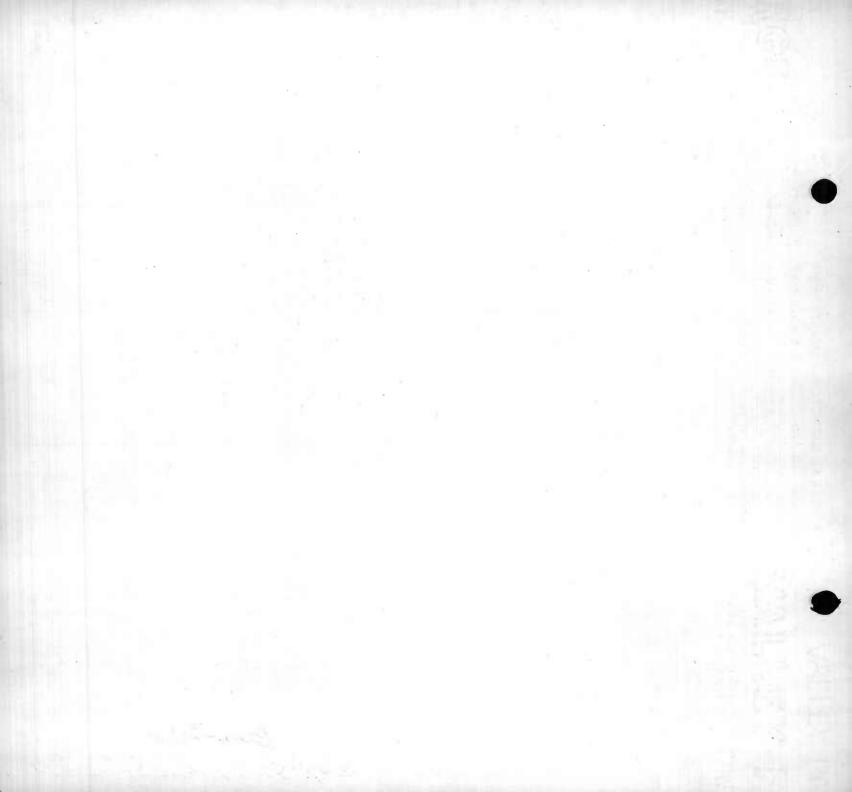
BALTIMORE CITY HEALTH DEPARTMENT

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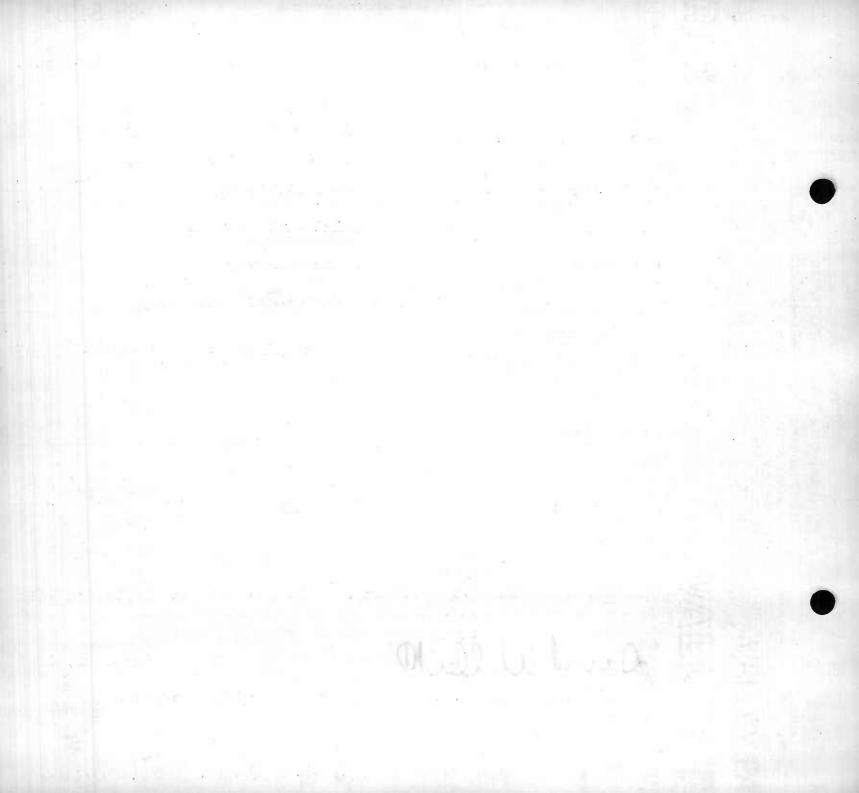
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VS 150-REV. 1/1/6B

BALTIMORE CITY HEALTH DEPARTMENT

REG NO. 68	- 8450	
OUR OF DEATH	1 7.30 m m	
ceased lived. If institution:	7:30 p.m.m. residence before edmission)	
V-39		
D. INSIDE CITY		
YES	NO	
ive		
GE (In yeers of Unity birthdey) Month	der 1 Yr. If Under 24 Hrs.	
3 24hrs	1	
	TIZEN OF WHAT COUNTRY?	
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	ADDRESS	
records		
	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
-Cardiac Ar	rest 24 hrs	
3		
B. IF YES, WERE FINDING CERTIFYING CAUSES OF	S CONSIDERED DEATH?	
(If in Boltimore City, g	ive exoct lecetien;	
OCCUR?		
68 to Aug 12	7:30pm 1968 ,	
	oth occurred on the dote	
	ATE SIGNED	
Au Au	ıg. 13, 1968	
ins Hospita	1	
TION (City, tewn,		
ir, Maryland		
- maryaina	ADDRESS	
Inc. 3000 E	Baltimore St	
The C.	ullumone st	



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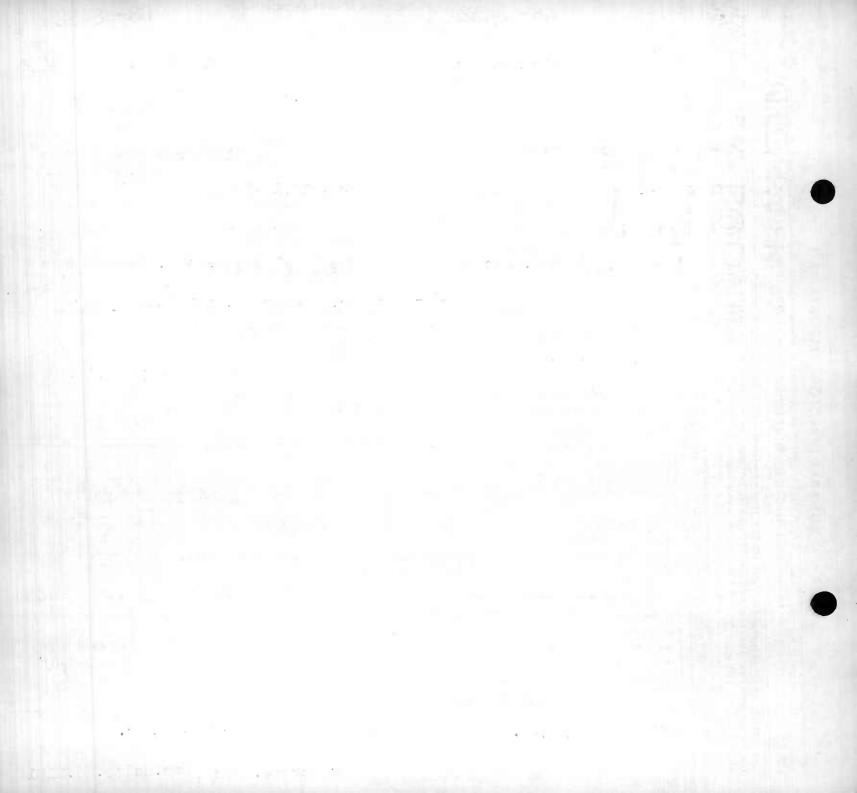
FUNERAL DIRECTOR:

BALTIMORE CITY HEALTH DEPARTMENT

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FUNERAL DIRECTOR:



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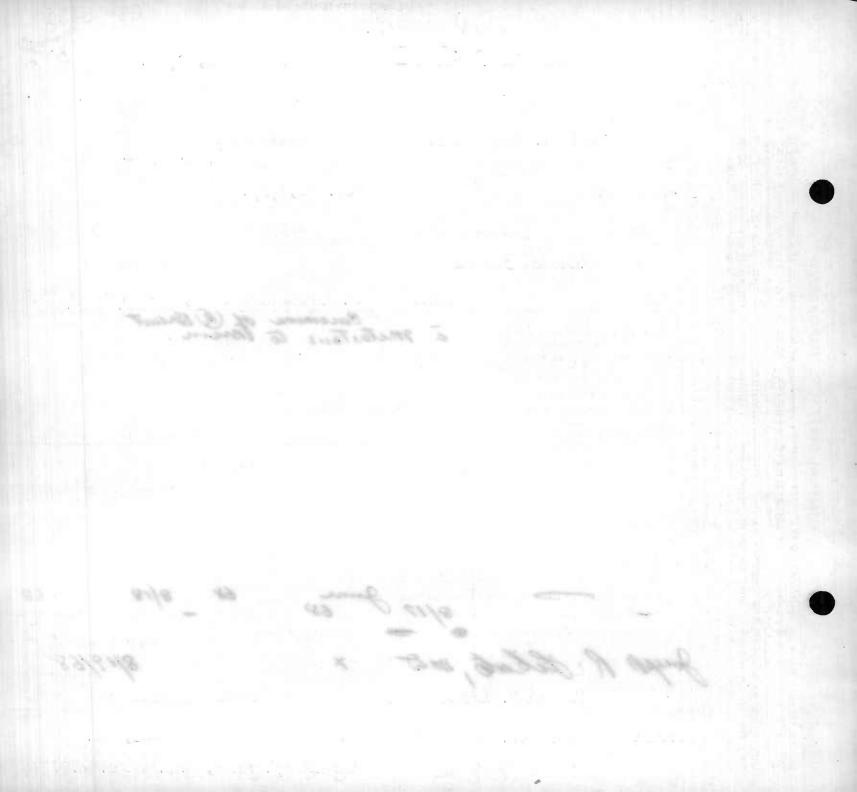
BALTIMORE CITY HEALTH DEPARTMENT

VS 150-REV. 1/1/6B

IMPORTANT

FUNERAL DIRECTOR:

D. INSIDE CITY LIMITS? NO If Under 1 Yr. Months: Doys If Under 24 Hrs. Hours Min, Hours 12. CITIZEN OF WHAT COUNTRY? Rose (amaratta Wucombe Wau 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location) and that in (my) (ex) apinion death accurred an the date 23 B. DATE SIGNED



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Administration of the Barrier ...

Storms Obstanding Philip Statute. "

Company of the Compan

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BALTIMORE CITY HEALTH DEPARTMENT

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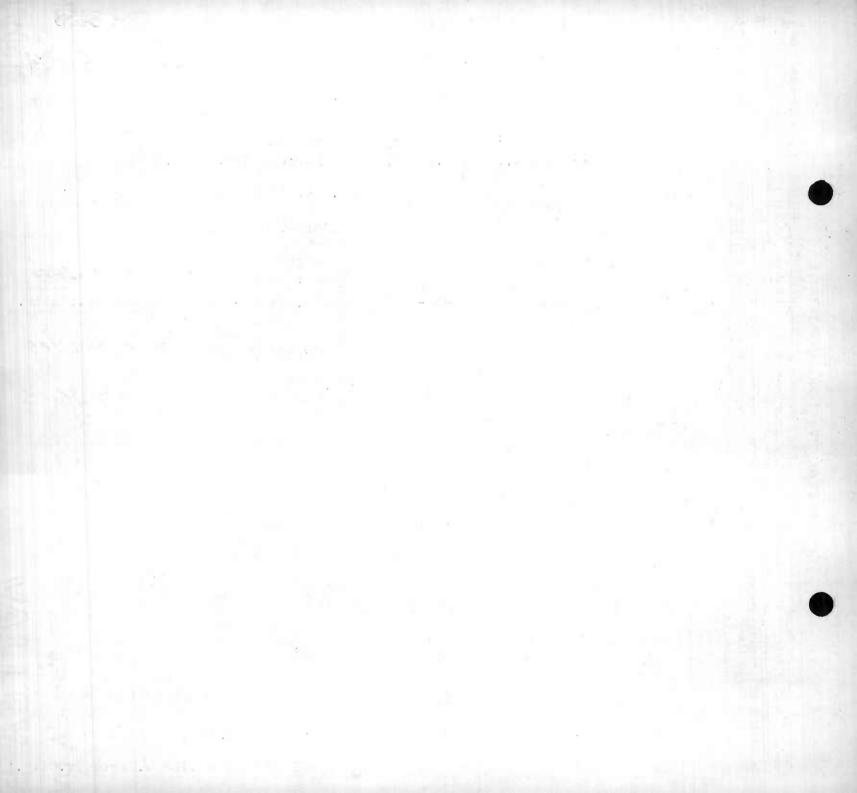
CARRON PARMONNAL MOTERIAL

CIDE CITY LIMITS? YES 🔀 NO 3708 White Avenue If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min. 12. CITIZEN OF WHAT COUNTRY? **ADDRESS** APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (II in Boltimore City, give exoct location) and that in (my) (aux) aplniph deoth occurred an the date written approval deceased Maryland Was ORuck, VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT

89 81 Em 15 R. 22 Elding H. N. Handell M. D. K. Cheng 18 18 HY HARBUD MD 4774 The LANGER DESCRIPTION

USUAL RESIDENCE (Where deceased lived, If institution; reside IDE CITY LIMITS YES X 21212 If Under 1 Yr. Months: Doys If Under 24 Hrs. Hours Min 12. CITIZEN OF WHAT COUNTRY? USA ADDRESS 21212 Pearl D. Streiman, 614 Harwood Av., Balto. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 20 A. AUTOPSY? (Yes or No.) 20 B. IF YES. WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Baltimore City, give exact location) (our) opinion death accurred an the dote approval prior at 24A. BURIAL CREMATION, 24C. NAME OF CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) eceased REMOVAL (Specify) written Baltimore, Maryland shows: Burial 8/19/1968 Loudon Park Cemetery SD 25A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS & MOWEN CO.108 W. North Av. City.1 VS 150-REV. 1/1/68

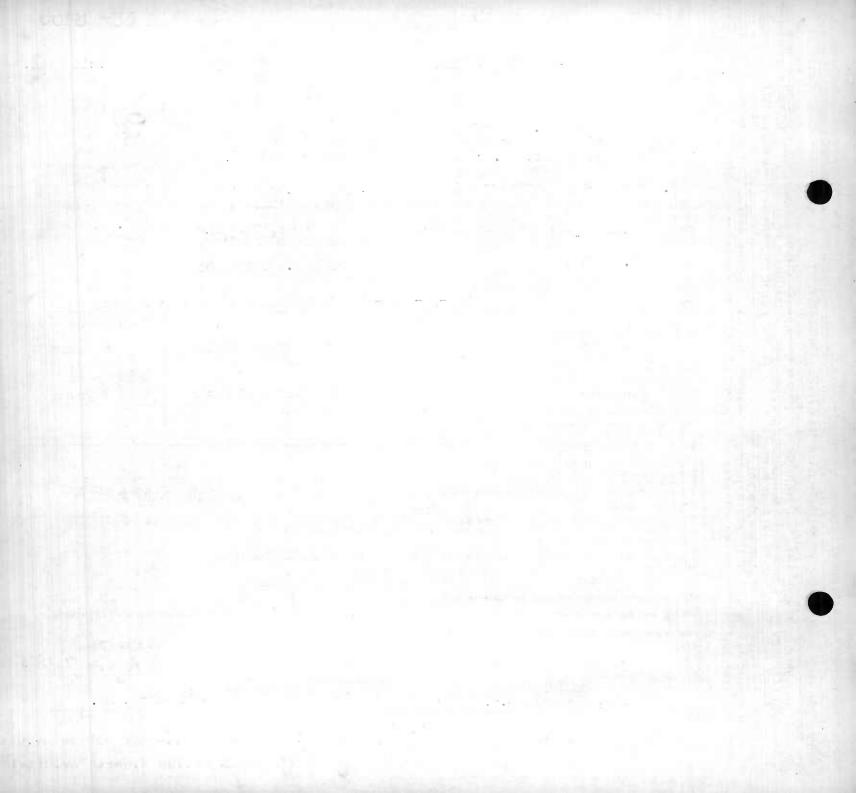


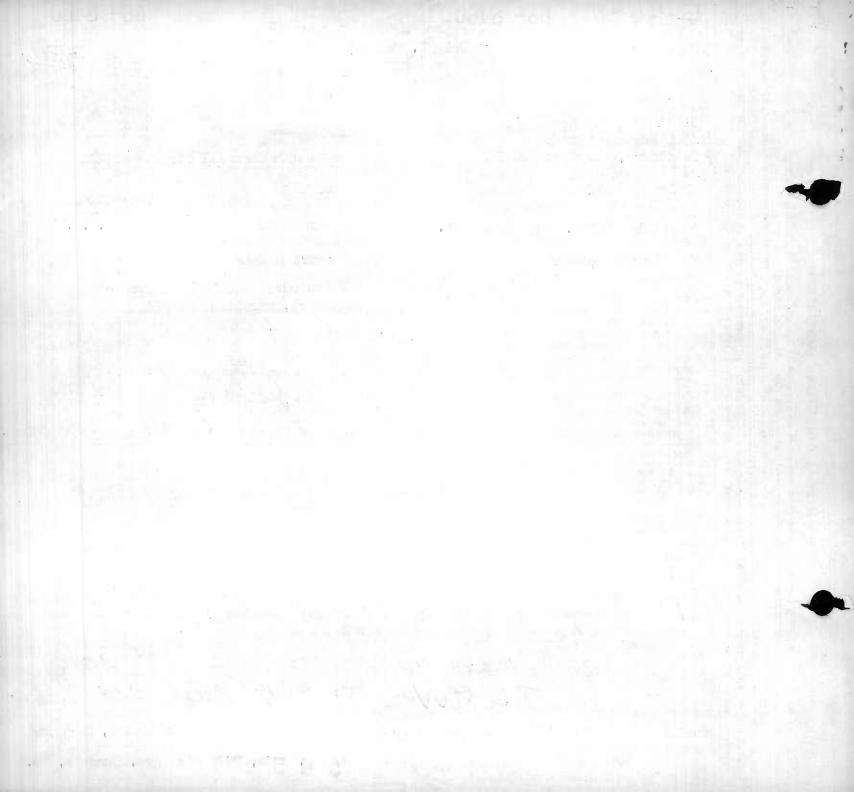
BALTIMORE CITY HEALTH DEPARTMENT

ATE OF DEATH

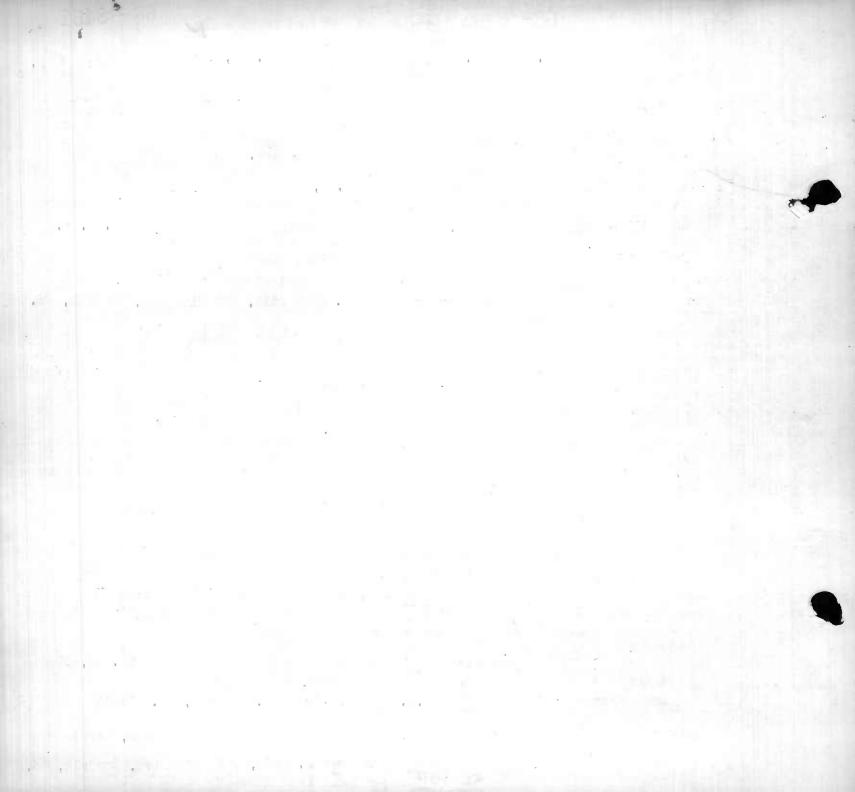
 68-	8459

IRTH NO.	00	0 20	CERTIFICA	TE OF D		KEO. 140		75.00
ype or Print)		14.77. 1	4.55			HOUR OF DEATH		
BLACCINI BAI	Sister S			A IISHAL DES	Augus	t 17, 1968	institution: residence	
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION HOSPITAL HOSPITAL OR INSTITUTION HOSPITAL HOSPITAL HOSPITAL HOSPITAL HOSPITAL HOSPITAL HO			Maryla C. CITY OR TO	and Ci	ty		4	
			Baltimore VES X NO C					
			4000 Forest Hill Road					
SEX F.	6. RACE White	7. MARRIED	NEVER MARRIED XX	B. DATE OF BI		9. AGE (In years lost birthday)		If Under 24 Hr
	UPATION (Give kind of work working life, even if retired)	10B. KIND C	F BUSINESS OR INDUSTRY	11. BIRTHPLAC	E (State or farei	gn country)	12. CITIZEN OF	WHAT COUNT
Bookkee	per-retired	Sister	of Charity		nore, Ma		U.SA.	
Anther's NA				14. MOTHER'S				
	T. Mullen		1		C. McWi	lliams		
es, no or unknown	d Ever in U. S. Armed For n) (If yes, give wor or date	ces? s of service)	16. SOCIAL SECURITY NO. 219-54-0230-	17. INFORMAN	ter Andr	ea - sam	address	iS
1B. 41 1	0.91	100	CAUSE OF DEATH			100	APPROX	IMATE INTERVAL
(This does heart foilure, injury or cor	SE OR CONDITION DIS LEADING TO DEAT OF not meon the mode of osthenio, etc. It meons implication which coused ANTECEDENT CAUSES	dying, e.g. Ihe diseose deolh.)	3,	O.L.			6 da	
other signit	OR CONDITIONS, if the obove couse (A) G CONDITION lost.  II FICANT CONDITIONS CO TH BUT NOT RELATED TO TO CONDITION GIVEN IN PAR	STOLING THE	(C)	A CONSEQUEN				
19A. DATE OF	F OPERATION 198. CON WAS PER	DITION FOR	WHICH OPERATION None	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?				ERED
OR CONTRIB	NT WAS UNDERLYING UTING CAUSE OF	] 21 ho etc	8. PLACE OF INJURY (e.g., ir me, form, factory, street, of None		WHERE DID	(If in Boltime	ore City, give exact la	cation)
21 D. TIME OF INJURY (APPROX.)	(Month) (Doy) (Year) None	w	E. INJURY OCCURRED  Thile At Not While ork At Work	None 21F. How did injury occur? None				
22. I certify	that (1) (this hospital	) ottended	the deceosed from		-	19 ta		19
that (I) (we)	) last saw the deceose ad from the causes stat	d olive an	(I) (We) (did) (did not) v	19	ond th		pinion deoth accur	red on the do
23A. SIGNATU	URE 6	1		nding	Med.	Shaff Austin	238, DATE SIGNE	17, 1968
	SRAmy		7 DEGREE Phys		D110C101	Phys.	Must	.,,
23C. PHYSICIA		, й.Д.	DEGREE	3D. ADDRESS		vel Road, E	0	





BIRTH NO.  1. NAME OF DE (Type or Print)	CEASED Howard L. Gill	461 CERTIFICA	2. DATE	AND HOUR OF DEATH	8:54 P. N
FULL NAME O	ALTIMORE, MARYLAND, WHERE PRO F (IF NOT IN HOSPITAL OR IN ADDRESS OR LOCATION)		Maryland 8. COU	Baltimore	institution: residence before admission)
INSTITUTION	imore City Hospital		C. CITY OR TOWN Dundalk  E. STREET AND NUMBER 802 Wise Ave		YES NO X
5. SEX Male	6. RACE 7. MARR WIDOW	IED NEVER MARRIED DIVORCED	8. DATE OF SIRTH Dec. 1, 1924	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs Months Doys Hours Min.
done during most o	CUPATION (Give kind of work 10B, KINE of working life, even if retired)  ill - Bethlehem Ste	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or for Maryland	oreign country)	12. CITIZEN OF WHAT COUNTR
George	AME e Gill		14. MOTHER'S MAIDEN N Minnie She	erman	
15. Was Decease (Yes, no or unknow Yes	d Ever in U. S. Armed Forces? (If yes, give wor or dotes of service)  WWII	16. SOCIAL SECURITY NO. 212-20-2815	Mrs. Ruby Gil	•	Ave. Dundalk, Md.
injury ar co	a, aslhenia, etc. II means the diser implication which coused death.)  ANTECEDENT CAUSES  OR CONDITIONS if any cit	ose,	A CONSEQUENCE OF:	clero si's	
DISEASES rise to to the control of t	ANTECEDENT CAUSES  OR CONDITIONS, if any, given the above cause (A) stating NG CONDITION last.	ring (8) DUE TO, OR AS	A CONSEQUENCE OF:	sclero si s	
DISEASES rise la la UNDERLYIN OTHER SIGN TO THE DE. DISEASE OR 19A-DATE C	ANTECEDENT CAUSES  OR CONDITIONS, if any, given the above cause (A) stating NG CONDITION last.  II  IIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	(8) DUE TO, OR AS The  (C)	A CONSEQUENCE OF:  20 A. AUTOPSY? (Yes of No	No) 20B, IF YES, WERE	E FINDINGS CONSIDERED AUSES OF DEATH?
DISEASES rise la UNDERLYIN OTHER SIGN TO THE DE, DISEASE OR 19 A. DATE CO 21 A. ACCID OR CONTRI	ANTECEDENT CAUSES  OR CONDITIONS, if any, given the abave cause (A) stating in the abave cause (A) stating in the abave cause (B) stating in the abave cause (A) stating in the abave cause (A) stating in the abave cause (B) in the	OR WHICH OPERATION  21B. PLACE OF INJURY (e.g., interpretation)  21E. INJURY OCCURRED  While At Not While	20A. AUTOPSY? (Yes or No n or obout 21C. WHERE DID INJURY OCCUR?	No) 208, IF YES, WERE IN CERTIFYING C	
DISEASES rise to UNDERLYIN OF THE SIGN TO THE DE, DISEASE OR 19A. DATE OF CONTRIBUTE OF INJURY (APPROX.)  22. I certify that (I) (was	ANTECEDENT CAUSES  OR CONDITIONS, if any, given the abave cause (A) stating in the abave cause (A) stating in the abave cause (B) stating in the abave cause (A) stating in the abave cause (A) stating in the abave cause (B) in the	OR WHICH OPERATION  21B. PLACE OF INJURY (e.g., index, lorm, loctory, street of etc.)  21E. INJURY OCCURRED  While At	20A. AUTOPSY? (Yes or No n or obout 21C. WHERE DID lifee bidg., INJURY OCCUR?  21F. HOW DID II	No) 208, IF YES, WERE IN CERTIFYING C  (II in 8oltime  NJURY OCCUR?	E FINDINGS CONSIDERED AUSES OF DEATH?  ore City, give exact location
DISEASES rise to UN DERLYIN OTHER SIGN TO THE DEADISEASE OR 199A. DATE OF INJURY (APPROX.)  21D. TIME OF INJURY (APPROX.)  22. I certif that (I) (we and haur a 23A. SIGNAT 23C. PHYSIC	ANTECEDENT CAUSES  OR CONDITIONS, if any, given above cause (A) stating NG CONDITION last.  II IFICANT CONDITIONS CONTRIBUTING THE TERMIN CONDITION GIVEN IN PART 1 (A).  OF OPERATION 198. CONDITION FOR WAS PERFORMED (Month) (Day) (Year) (Hour)  Ty that (I) (this haspital) attended to last saw the deceased alive and fram the causes stated about the condition of the causes stated about the cause stated about the causes stated about the cause stated abou	OR WHICH OPERATION  21B. PLACE OF INJURY (e.g., index, lorm, loctory, street, onetc.)  21E. INJURY OCCURRED  While At Not While At Work  an At Work  e. (I) (We) (did) (did not) was a constant.	20A. AUTOPSY? (Yes or No n or obout 21C. WHERE DID lifee bidg., INJURY OCCUR?  21F. HOW DID II	No) 208, IF YES, WERE IN CERTIFYING C  (II in 8oltime  NJURY OCCUR?	E FINDINGS CONSIDERED AUSES OF DEATH?
DISEASES rise to the control of the	ANTECEDENT CAUSES  OR CONDITIONS, if any, given above cause (A) stating NG CONDITION last.  II IFICANT CONDITIONS CONTRIBUTING THE TERMIN CONDITION GIVEN IN PART 1 (A).  OF OPERATION 198. CONDITION FOR WAS PERFORMED (Month) (Day) (Year) (Hour)  Ty that (I) (this haspital) attended to last saw the deceased alive and fram the causes stated about the condition of the causes stated about the cause stated about the causes stated about the cause stated abou	OR WHICH OPERATION  21B. PLACE OF INJURY (e.g., index, lorm, loctory, street, onetc.)  21E. INJURY OCCURRED  While At Not While At Work  an At Work  e. (I) (We) (did) (did not) was a constant.	20 A. AUTOPSY? (Yes or No nor obout 21 C. WHERE DID lifee bidg., INJURY OCCUR?  21 F. HOW DID II	No) 208. IF YES, WERE IN CERTIFYING C  (II in 8oltime  NJURY OCCUR?  19	e FINDINGS CONSIDERED AUSES OF DEATH?  ore City, give exact location  19 69  pinian death accurred an the date  238. DATE SIGNED  Aug. 15, 1968



FUNERAL DIRECTOR: IMPORTANT

68-	8462
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BALTIMORE CITY HEALTH DEPARTMENT

BIRTH NO.	68-	8462 CERTIFICA	TE OF DEATH	REG. NO	68-8462
1. NAME OF DE	BENNETT, Douglas	2. DATE AND 8/11			
RTIFIC	ALTIMORE, MARYLAND, WHERE ALTIMORE MARYLAND, WHERE ADDRESS OR LOCATION	PRONOUNCED DEAD	4. USUAL RESIDENCE (When A. STATE B. COUN' Maryland Ann	e deceased lived. If instry	stitution: residence before odmission)
	eterans Administr 900 Loch Raven Bo	cation Hospital	Severna Park	D. INSI	YES NO X
	altimore, Maryland		202 Avondale	Circle	
s. sex Male	7 77 - 4 A -	ARRIED NEVER MARRIED DOWED DIVORCED		P. AGE (In years last birthdoy)	II Under 1 Yr. II Under 24 Hrs. Months Doys Hours Min.
	of working life, even il retired)	KIND OF BUSINESS OR INDUSTRY Electricial Const	11. BIRTHPLACE (Stote or foreign	gn country)	12. CITIZEN OF WHAT COUNTRY
13. FATHER'S N	AME		14. MOTHER'S MAIDEN NAM		O D D D D D D D D D D D D D D D D D D D
	Bennett ed Ever in U. S. Armed Forces?	1 6. SOCIAL	Clarice Crig	(Craig)	ADDRESS
(Yes, no or unknow	(III yes, give wor or dotes of 6/26/14 - 2/2/1	service) SECURITY NO.			y Louise Bennett
NO OTHER SIGN TO THE DEL DISEASE OR	OR CONDITIONS, if ony, the obove couse (A) stoling CONDITION lost.  II  IIIFICANT CONDITIONS CONTRIBATED TO THE TELE CONDITION GIVEN IN PART 1 (A)  OF OPERATION 198. CONDITION WAS PERFORM	BUTING RMINAL AND FOR WHICH OPERATION	A CONSEQUENCE OF:	20B. IF YES, WERE F	INDINGS CONSIDERED
OP CONTRI	DENT WAS UNDERLYING	218. PLACE OF INJURY (e.g., i			Yes  City, give exoct locolion)
OR CONTRI DEATH (not 21 D. TIME OF INJURY (APPROX.)	BUTING CAUSE OF ify medical examiner)  (Month) (Day) (Year) (Ha	home, lorm, factory, street, of etc.)  21E. INJURY OCCURRED  While At Not While Work  Work	21F. HOW DID INJU	JRY OCCUR?	
that ØÖ (w	e) last saw the deceased al and fram the causes stated a	bave. () (We) (did) (475(-05) v	1968and the	at in (1998) (aur) apin	gust 14th 1968 iian death accurred an the date
23C. PHYSIC NAME	RALPH H. TV	Jumuing	3900 Loch Raven Baltimore, Mary	land 21218	August 15, 1968
Burial 25A. DATE REC	Aug. 19/6	Oxford Cemeter	CY DX	ford, Ma	eryland eton Fuffeffäl Home
	AUG 19 1968 255	last Establishe	1 A Donald	Jan gar	Rurnie. Md.

VS 150-REV. 1/1/68

9/12/68 - Correction form from funeral director.

tor.

BALTIMORE CITY HEALTH DEPARTMENT

NO 4

Hours

BETWEEN ONSET AND DEATH

If Under 24 Hrs.

IMPORTANT DIRECTOR: FUNERAL

VS 150-REV. 1/1/68

Burn Angele Ballow Miller Ballow Brown

RICH NO DICEASED Types or Point B PILE Y TR R WILLIAMS OF DEATH Types or Point B PILE Y TR R WILLIAMS OF DEATH Types or Point B PILE Y TR R WILLIAMS OF DEATH Types or Point B PILE Y TR R WILLIAMS OF DEATH Types or Point B PILE Y TR R WILLIAMS OF DEATH THE OWN OF THE WILLIAMS OF THE WIL	BALTIMORE CIT	Y HEALTH DEPARTMENT PEG NO. 68-8464
NAME OF DECASED   SATIMORE MATILAND, WHISE PRONOUNCED DEAD   S. DATE AND HOUR OF DEATH   S. D. A. STATE   S. D. DATE STORY   S. D. D. DATE STORY   S. D. DATE STORY	58 8464 CERTIFICA	ATE OF DEATH REG. NO. 000 0404
Type or Profile B RILE Y IR R		2. DATE AND HOUR OF DEATH
THE NAME OF BYTON IN ASSISTAL OR INSTITUTION, GIVE STREET  ADDRESS OR LOCATION  ME NORTH OSPITAL  STREET AND NUMBER  3 6 30 F LM  WENDOWS   Never Married   No.   Never Married   Never Married   No.   Never Married   Never	(Type or Print) BAILEY IRA. W.	8-17-68 111:50 P.
ADDRESS OR LOCATION  MENORIAL HOSPITAL  STREET AND NUMBER  3 G 3 O E LM AVENUE  3 G 3 G C LM AVENUE  3 G 3 G C LM AVENUE  3 G 3 G C LM AVENUE  4 G 3 G C C C C C C C C C C C C C C C C C	3. PLACE IN BALTIMORE, MARTLAND, WHERE PRONOUNCED DEAD	
SEX   C. RACE   MARNED   NEVER MARRIED   D. DATE O BUSINESS OR INDUSTRY   D. BERT ONLY   D. C. MARRIED   D. DATE O BUSINESS OR INDUSTRY   D. BERT ONLY   D. C. MARRIED   D. DATE O BUSINESS OR INDUSTRY   D. BERT ONLY   D. C. MARRIED   D. DATE O BUSINESS OR INDUSTRY   D. BERT ONLY   D. C. MARRIED   D. DATE O BUSINESS OR INDUSTRY   D. BERT ONLY   D. C. MARRIED   D. S. COLLA   D. S. C. MARRIED   D. S. C. MARRIE	HOSPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN D. INSIDE CITY LIMITS?
SEASON OF CONDITION DESCRIPTION TO SECURITY OF STATE OF S	44	
DUSIALS OCCUPATION (Give lind of work) (10,0 KIND OF BUSINESS OR INDUSTRY 1). BIRTHRACE (Sides or foreign country)  12. CHIEFE MAND  14. MOTHER'S MANDEN AMM  15. CHIEFE MAND  16. SOCIAL SECURITY NO. 717-07-8156  17. INFORMANT  18. ADDRESS  WES DESCRIPTION (10 yes, give and deles of service)  18. SCURITY NO. 717-07-8156  DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  (A) IMMEDIATE CAUSE  LEADING TO DEATH  (A) IMMEDIATE CAUSE  DISEASE OR CONDITIONS, if any, giving rise to the above cause (A) stoling the UNDERLYING CONDITION, if any, giving rise to the above cause (A) stoling the UNDERLYING CONDITION (SI) the REMINAL UNDERLYING CONDITION (SI) the Condition of the REMINAL UNDERLYING CONDITION (SI) the CONDITION (SI) the REMINAL UNDERLYING CONDITION (SI) the CONDITION (SI) the CONDITION (SI) the CONDITION (SI) the REMINAL (C)  21. CONTENTING CONDITION (SI) the REMINAL (C)  22. CONTENTING CONDITION (Four Man) (Four Mich Course death)  22. Contribution (C)  22. Contribution (C	UNION MEMORIAL HOSPITAL	A COLOR
13. TATHER'S NAME  14. MOTHER'S MAIDEN NAME  15. WAS Decarded Ever in U. S. Ames Forces? Service of John School Control of Service of John School	MA LUITE E	last birthday) Manths Days Haurs Min.
S. FATHER'S NAME   14. MOTHER'S MAIDEN NAME   14. MOTHER'S MAIDEN NAME   15. SCILLAR   17. INFORMANT   17. I	10A, USUAL OCCUPATION (Give kind al wark 10B, KIND OF BUSINESS OR INDUSTR	
15. WERE DEFERENCE FOR IN U. S. ARMED FORTER?   15. SOCIAL   17. INFORMANT   ADDRESS   16. SOCIAL   17. INFORMANT   17. INFORMANT   ADDRESS   16. SOCIAL   17. INFORMANT   17. INFORMANT   17. INFORMANT   17. INFORMANT   18. ADDRESS   17. INFORMANT   18. ADDRESS   18. INFORMANCE   18	PENNA K.R.	MARYLAND V.S.A.
ADDRESS  Was Decadased Ever in U. S. Armed Forces?  ADDRESS  To not obtain the country of the service of the se	3. FAIRER'S NAME	1 \ A1 fe
18		0 15 14 040 14
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not meen the mode of dying, e.g., finally or camplication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stoling the UNDERLYING CONDITION CONTRIBUTING (C).  OHER SIGNIFICANT CONDITION CONTRIBUTING DISEASES OR CONDITIONS (A) stoling the UNDERLYING CONDITION CONTRIBUTING (C).  OHER SIGNIFICANT CONDITION CONTRIBUTING DISEASE OR CONDITION (CONTRIBUTING DISEASE OR CONDITION (CONTRIBUTING DISEASE OR CONDITION (CONTRIBUTING DISEASE OR CONDITION (CONTRIBUTING DISEASE OR CONDITION CONTRIBUTING DISEASE OR CONDITION (CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING (CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION (CONTRIBUTING CONTRIBUTING CONTRIBUTION (CONTRIBUTING CONTRIBUTION (CONTRIBUTING CONTRIBUTION (CONTRIBUTING CONTRIBUTION (CONTRIBUTION CONTRIBUTION (CONTRIBUTION CONTRIBUTION (CONTRIBUTION CONTRIBUTION (CONTRIBUTION CONTRIBUTION CONTRIBUTION (CONTRIBUTION CONTRIBUTION (CONTRIBUTION CONTRIBUTION CONTRIBUTION (CONTRIBUTION CONTRIBUTION CONTRIBUTION (CONTRIBUTION CONTRIBUTION CONTRIBUTION (CONTRIBUTION CONTRIBUTION (CONTRIBUTION CONTRIBUTION CONTRIBUTION (CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION (CONTRIBUTION CONTRIBUTION CONTRIBUT	Yes, na ar unknown) (If yes, give war ar dates of service) SECURITY NO.	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not meen the mode of dying, e.g., head influe, eathering, etc.) Head influe, eathering, etc. It means the disease, injury or camplication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stoling the UNDERLYING CONDITION test.  (C)  DUE TO, OR AS A CONSEQUENCE OF:  (B)  DUE TO, OR AS A CONSEQUENCE OF:  (C)  DUE TO, OR AS A CONSEQUENCE OF:  (B)  DUE TO, OR AS A CONSEQUENCE OF:  (C)  DUE TO, OR AS A CONSEQUENCE OF:  (C)  DUE TO, OR AS A CONSEQUENCE OF:  (D)  DUE TO, OR AS A CONSEQUE	No N/A 717-07-8156	MRS. ZOLA KAILEY - SAME
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not meen the made of dying, e.g., heath follow, asthering, etc., It means the disease, injury at campilication which caused death, and injury at the caused death and and and from the caused stated above. (I) (We) (did) (did not) view the bady after death, and injury at the deceased dive and and from the caused stated above. (I) (We) (did) (did not) view the bady after death, and injury at the deceased dive and and from the caused stated above. (I) (We) (did) (did not) view the bady after death, and injury at the caused of the deceased dive and the d	18. CAUSE OF DEA	TH APPROXIMATE INTERVA
Staff   Staf	rise to the above cause (A) stating the UNDERLYING CONDITION last. (C)	S A CONSEQUENCE OF:
19A-DATE OF OPERATION   198. CONDITION FOR WHICH OPERATION   20A. AUTOPSY? (Yes at No.)   20B. IF YES, WERE FINDINGS CONSIDERED   IN CERTIFYING CAUSES OF DEATH?  21A. ACCIDENT WAS UNDERLYING   OR CONTRIBUTING   CAUSE OF DEATH?  OR CONTRIBUTING   CAUSE OF DEATH?  OR CONTRIBUTING   CAUSE OF DEATH?  DEATH (notify medical examiner)   21B. PLACE OF INJURY (e.g., in at about   21 C. WHERE DID   (If in Baltimore City, give exact location)   No.   William   No.   While   No.   No.   While   No.   No.   While   No.   No.   While   No.	THE DATE DESTRICTION OF THE PERSON OF THE PE	
21A. ACCIDENT WAS UNDERLYING   CONTRIBUTING   CONTRIBUTION   CONTR		20A. AUTOPSY? (Yes at Na) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21D. TIME OF INJURY OF INJURY (APPROX.)  21E. INJURY OCCURRED While At	OR CONTRIBUTING CAUSE OF  OR CONTRIBUTING CAUSE OF  DEATH (notify medical examine)  21A. ACCIDENT WAS UNDERLYING 2  12B. PLACE OF INJURY (e.g., home, farm, foctory, street, etc.)	, in ar about 21 C. WHERE DID (If In Baltimore City, give exact location) office bldg., INJURY OCCUR?
22. I certify that (I) (this haspital) attended the deceased fram  19 68 and that in (my) (aur) apinian death accurred an the dand haur and fram the causes stated abave. (I) (We) (did) (did not) view the bady after death.  23A. SIGNATURE  23A. SIGNATURE  23C. PHYSICIAN'S  NAME (Type)  OR  NITHO  Attending Med. DEGREE  23D. ADDRESS  NAME (Type)  OR  NITHO  Attending Med. DIRECT  23D. ADDRESS  NAME (Type)  OR  NITHO  Attending Med. DIRECT  23D. ADDRESS  NAME (Type)  OR  NITHO  24A. BURIAL CREMATION, 24B. DATE  24C. NAME all CEMETERY or CREMATORY  Burial  8-21-1968  Woodlawn Cemetery  Baltimore, Maryland	21D.TIME (Month) (Day) (Year) (Haur) 21E. INJURY OCCURRED OF INJURY	nile 📉
that (I) (we) last saw the deceased alive an		0 10 / 6
and haur and fram the causes stated abave. (I) (We) (did) (did not) view the bady after death.  23A. SIGNATURE    Attending   Med. Director   Staff   Phys.	6-17	
23A. SIGNATURE  A Clude M.D. Attending Med. Director Phys. 23B. DATE SIGNED  23C. PHYSICIAN'S DEGREE VIOLENTE V		
A Cluater  DEGREE  M.D. Attending Degree  Phys. Stoff Phys. Stoff Phys. Degree  23C. PHYSICIAN'S  OR MIRTHA ALVAREZ  23D. ADDRESS  OR MIRTHA ALVAREZ  24C. NAME of CEMETERY of CREMATORY  Burial  8-21-1968  Woodlawn Cemetery  Baltimore, Maryland		
OR MIRTH ALVAREZ MI UNION MEMORIAL HOSPI 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (State Burial 8-21-1968 Woodlawn Cemetery Baltimore, Maryland	A QUILLE M.O A	
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county)  Burial 8-21-1968 Woodlawn Cemetery Baltimore, Maryland	23C. PHYSICIAN'S NAME (Type)  OP MIDTHE ALUAREZ NO	UNION MEMARIAL HOSPIT
Burial 8-21-1968 Woodlawn Cemetery Baltimore, Maryland	24A. BURIAL CREMATION, 24B. DATE 24C. NAME at CEMETERY of C	
		erv Baltimore, Maryland
25A. DATE RECONSTITUTE TO THE LITH MEET A MEET AND THE OF REGISTRAN ASS. FUNERAL DIRECTOR THE ANDREWS	TOTAL CANTALT ACTION OF THE ACTION OF	The same of the factor of the same of the

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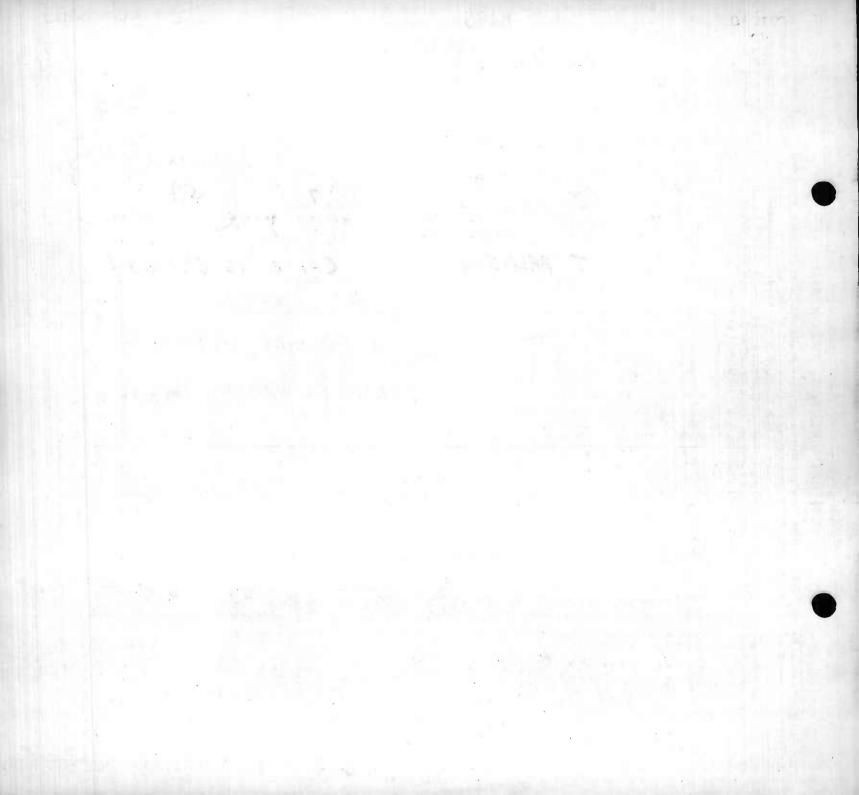
TIREMIC COMM?

CARDATE REMAL PAILURES

61-1 10 10-61-3

A (Chesano) A

DE MIRTHO RIVAREZ MA CALUM MEMBRING HEREN



Such

BIRTH NO

I, NAME OF DECEASED (Type or Print)

3. PLACE IN BALTIMORI

BALTIMORES

FULL NAME OF HOSPITAL OR INSTITUTION

CHURCH

5. SEX

例为,

40

6. RAC

CA

and

68- 846	BALTIMORE CITY			REG. NO.	68-	8466	
00. 010	CERTIFICA	TE OF DE	ATH '	,			-
ALBERT W.	KOWALSKI	1	DATE AND HOUR	OF DEATH	168 1	2:10	7:
MARYLAND, WHERE PRONOL  NOT IN HOSPITAL OR INSTITUTE  DRESS OR LOCATION  ME AND HOSE  MARYLAND	TION, GIVE STREET	A. STATE  OF RYLAD  C. CITY OR TOWN  E. STREET AND I	moka	D. INSIE	DE CITY LIMITS?	53-00 No⊠	
WIDOWED	NEVER MARRIED DIVORCED DIVORCED	10 /23 /			If Under 1 Yr. Months Doys	Hours Min.	
N(Give kind of work 10B, KIND OF life, even if refired) CH. OPER. WESTER		20.00	LANP.	y)		RICA	,
KOWALSKI		ANGE!	LEN MAC	CEK	-		
U. S. Armed Forces? , give wor or doles of service)	16. SOCIAL SECURITY NO. 212 09 1925	TULIA	KONUT	kI	916.	GARDEN RIVE C21	
CONDITION DIRECTLY NG TO DEATH in, etc. II means the disease, on which caused death.)			D- VARCULACE DF:	- fecil	BETWE	ROXIMATE INTERVAL EN ONSET AND DEATH	
EDENT CAUSES NDITIONS, if ony, giving the couse (A) stoling the DITION last.	(B)OR AS	A CONSEQUENCE	OF:				
II CONDITIONS CONTRIBUTING NOT RELATED TO THE TERMINAL	ABDONIA	AL HORT	ic ANGUA	eyen			

MALE 10A, USUAL OCCUPATIO done during most of working RETERED MAG 13. FATHER'S NAME DWARD 15. Was Deceased Ever in (Yes, no of unknown) (If yes No DISEASE OR LEADI (This does not med heart foilure, osthen injury or complication ANTEC DISEASES OR CO lo the abo UNDERLYING CON CERTIFICATION OTHER SIGNIFICANT TO THE DEATH BUT DISEASE OR CONDITION GIVEN IN PART 1 (A) 198 CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A. DATE OF OPERATION WAS PERFORMED OR CONTRIBUTING CAUSE OF 21 B. PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID (If In Boltlmore City, give exact location) form, foctory, street, office bldg., INJURY OCCUR? home, MEDICAL DEATH (notify medical exominer) OF INJURY (Month) (Doy) (Year) (Hour) 21 E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? Not While While At (APPROX.) Work Al Work anguel 1968 22. I certify that (I) (this hospital) attended the deceased fram that (1) (we) last saw the deceased alive an... and that In(my) (aur) apinian death accurred an the date and hour and fram the causes stated above. (1) (We) (did) (did not) view the bady after death. 23A, SIGNATURE Attending ( orazon Med. Staff Director DEGREE 23C. PHYSICIAN'S 23D. ADDRESS NAME (Type) M.D DEGREE 24A. BURIAL CREMATION, 24B. DATE 24C, NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) REMOVAL (Specify) 8/20/68 Burial Holy Rosary Cemete Maryland ADDRESS 25A. DATE REC'D BY HEALTH DEPT. Eastern Ave.

VS 150-REV. 1/1/68

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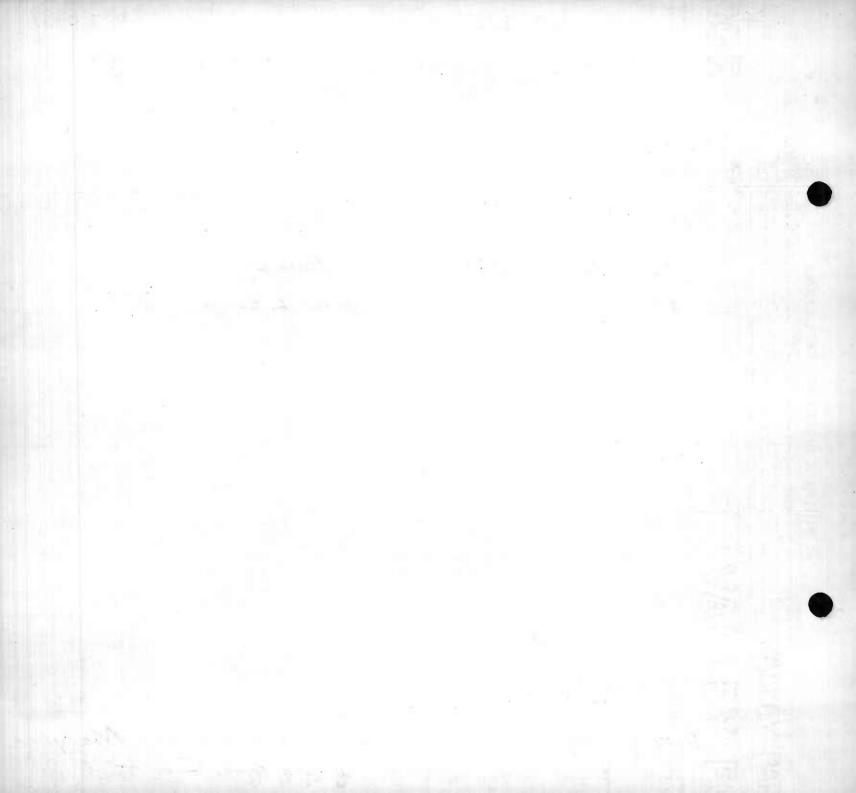
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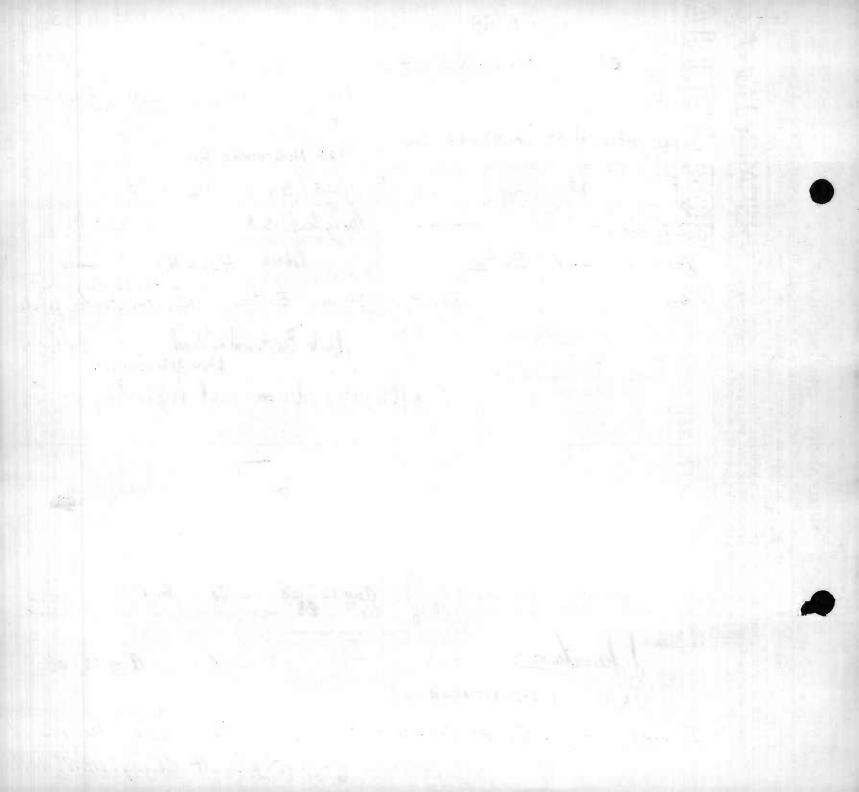
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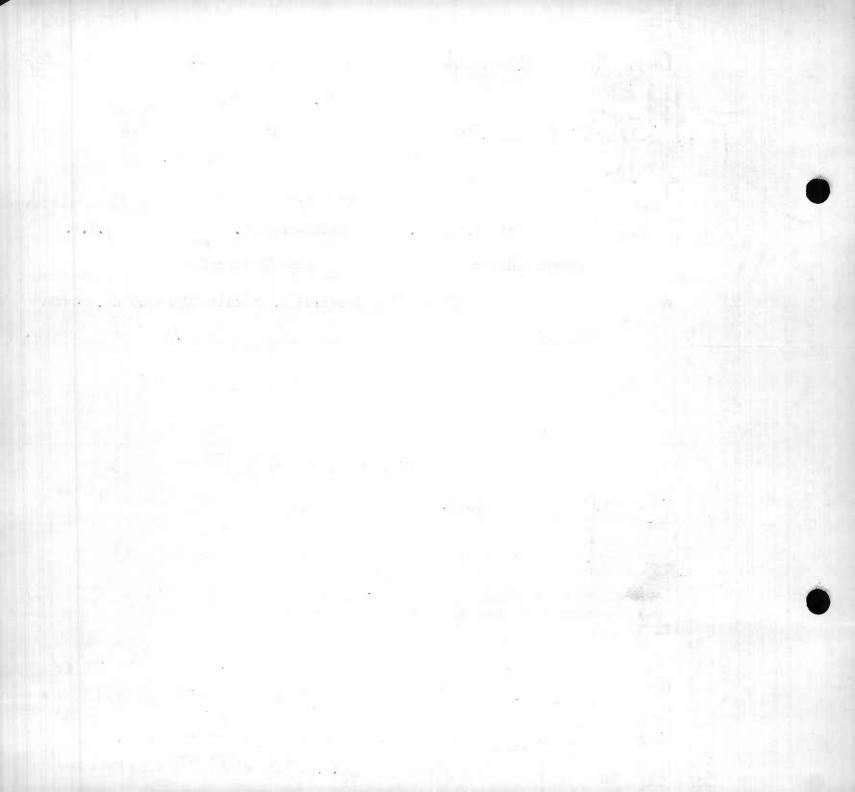
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BALTIMORE CITY HEALTH DEPARTMENT



VS 1S0-REV. 1/1/6B





000-	68- 8470 CENTIFICATE OF DEATH REG.NO. 68- 8470
the dried	CERTIFICATE OF DEATH
pital and of deatl Deceased on the	1. NAME OF DECEASED (ANN'E Ethel Greet)  2. DATE AND HOUR OF DEATH  (Type or Print)
- 6 6	3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
<u>-</u>	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  A. STATE  B. COUNTY
l in a hospi ng cause o cause; (5) D attendance ior to deat	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)  C. CITY OR TOWN  D. INSIDE CITY LIMITS?
to 0	Union Memorial Hosp.  C. CITY OR TOWN  D. INSIDE CITY LIMITS?  YES NO.
	STREET AND NUMBER
5	144 Ildand Aux & Hall ST.
	5. SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years   If Under 1 Yr. If Under 24 Hrs.   Instrumental Never Months: Days   Hours   Min.
	F WIDOWED DIVORCED 5(29/91)
	10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY done during most of working life, even if retired)
	Housewife Homemaker W. Carolina USH
	13. FATHER'S NAME
	Wiley Winton Osborne Laura Hittey Kilby
	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or doles of service)  16. SOCIAL SECURITY NO.  TRoigned Ave. & Hall St.
	NO 216-01-1656 Mr. Grover C. Greek BEI Air MANIAND ZIOIY
ĺ	18. 4 3 7, 9 1 CAUSE OF DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  Cerebral Casc. del.
	(This does not meon the mode of dying, e.g.,  (A) IMMEDIATE CAUSE  DUE TO, OR AS A CONSEQUENCE OF: () - CC ()
	heart foilure, osthenio, etc. II means the disease, injury or complication which caused death.)
	ANTECEDENT CAUSES ANTECIOS CENTRES CENTRES DESC. Dis.
	DISEASES OR CONDITIONS, if ony, giving  DUE TO, OR AS A CONSEQUENCE OF:
	uise to the obove couse (A) stating the UNDERLYING CONDITION lost, (C)
	_ 33/X II
	6 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
	U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID (If in Boltimore City, give exact location)
	OR CONTRIBUTING CAUSE OF home, foctory, street, office bldg., INJURY OCCUR?
	Q 21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?
	OF INJURY  While At Not While
	22. I certify that (I) (this haspital) attended the deceased from use 8 1968 to Que 1968
	that (V (we) lost saw the deceased alive on 1968 and that In (my) (our) apinion death occurred on the date
	ond hour and from the couses stated above. (I) (We) (did) (did not) view the body ofter death.
	23A. SIGNATURE (23B. DATE SIGNED
	Attending Med. Staff Staff
	23C. PHYSICIAN'S 23D. ADDRESS
	Franklin Lestie, M.D.
	24A. BURIAL CREMATION, 24B, DATE 24C, NAME of CEMETERY OF CREMATORY 24D, LOCATION (City, town, or county) (Stote)
	Burial Hug, 19,1968 BEI Air MEMORIAI GARRENS BEI Air MAMORIA ZIOIY
	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR W. Broadway & CAPPRESS St. TOSEPH WILLIAM TOSTET BEI ATT, MAYING 21014
Ŀ	V5 150-REV. 1/1/6B

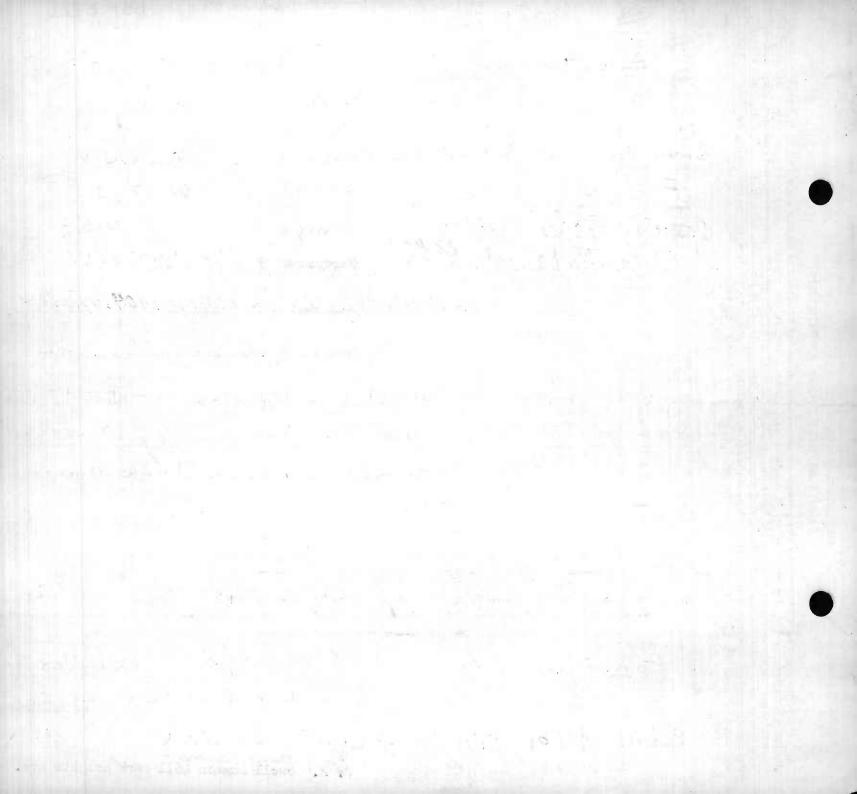
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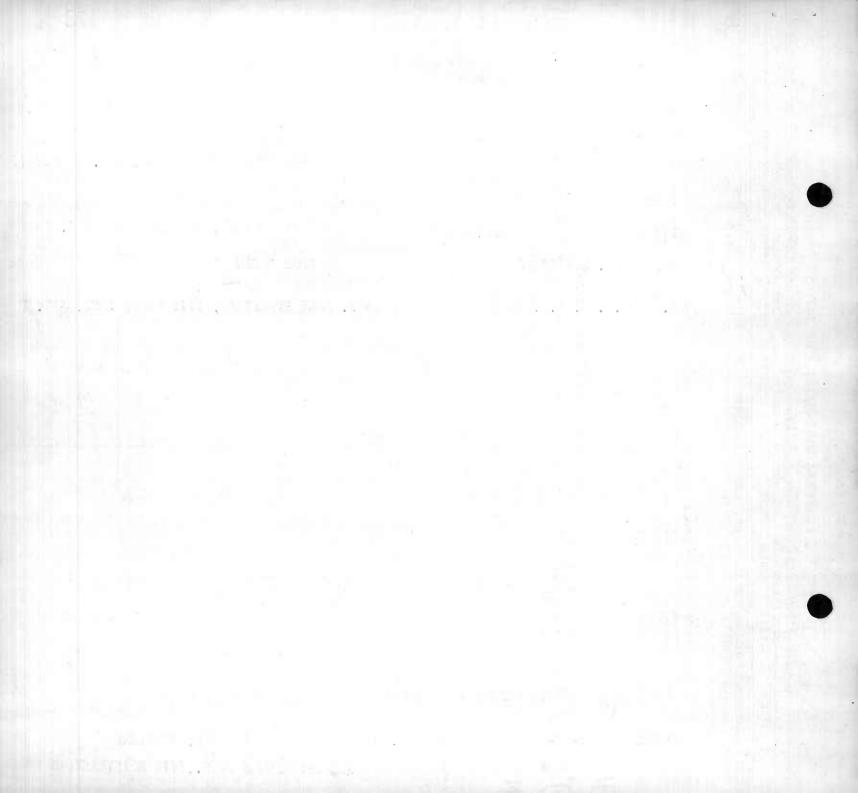
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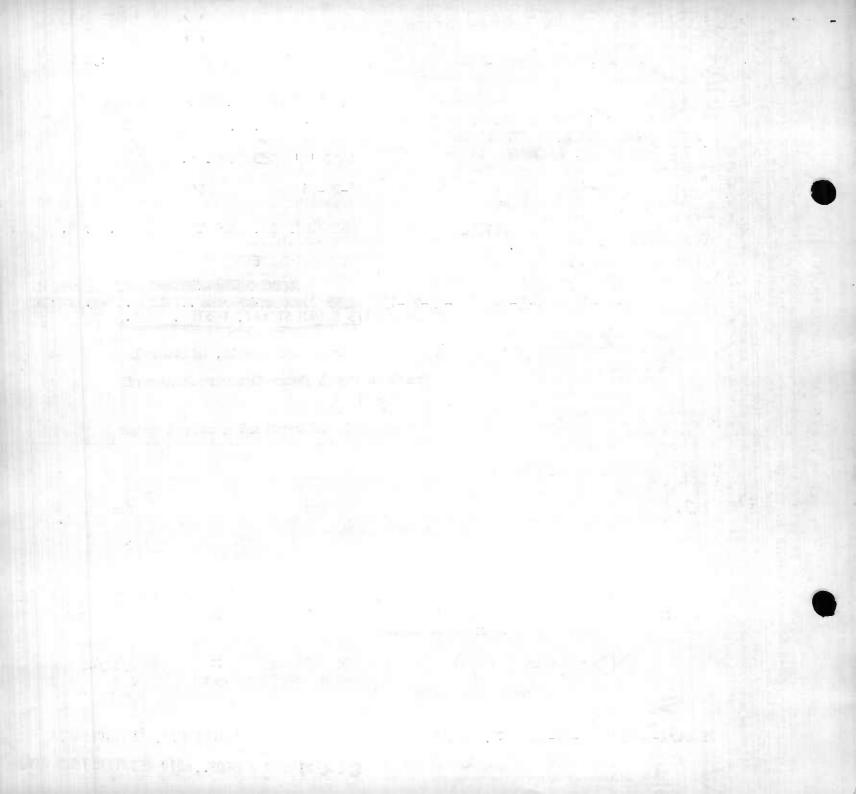


BALTIMORE CITY HEALTH DEPARTMENT



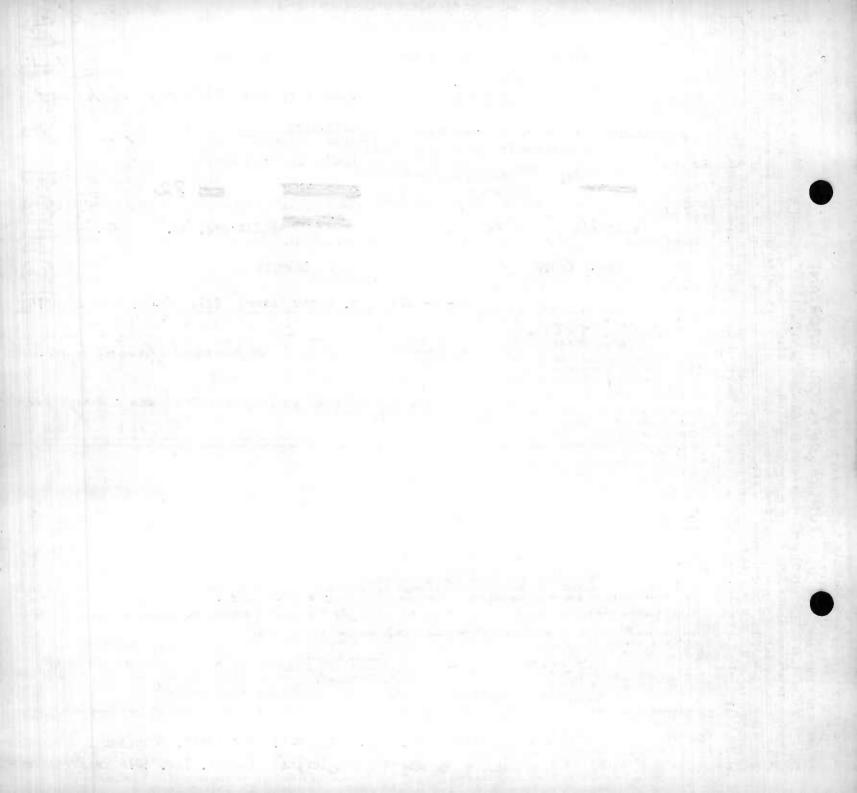
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CO OARTO BALTIMORE CIT	Y HEALTH DEPARTMENT 68- 8473							
-5/2 68- 8473 CERTIFICA	TE OF DEATH REG NO. 68-8473							
BIRTH NO.								
(Type or Print) SIMPSON, Alexander Melvin	2. DATE AND HOUR OF DEATH 18 AUGUST 1968 6:50 P							
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE B. COUNTY							
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	DISTRICT OF COLUMBIA, WASHINGTON							
HOSPITAL OR ADDRESS OR LOCATION) INSTITUTION VETERANS ADMINISTRATION HOSPITAL	C. CITY OR TOWN  D. INSIDE CITY LIMITS?							
23 3900 LOCH RAVEN BOULEVARD	WASHINGTON D. C. YES X NO							
BALTIMORE, MARYLAND 21218	E. STREET AND NUMBER							
	1630 'R' STREET, N. W.							
S. SEX 6. RACE 7. MARRIED NEVER MARRIED X	B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.							
MALE CAUCASION WIDOWED DIVORCED	0-20-71							
10A. USUAL OCCUPATION (Give kind of work) 10B. KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired)	11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?							
HAIR STYLIST RETIRED	PHILADELPHIA, PENNSYLVANIA U. S. A.							
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME							
ALEXANDER SIMPSON	MINNA ROSENB <b>E</b> RG							
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service)  16. SOCIAL SECURITY NO.	17. INFORMANT ALEXANDER BEAL							
YES 7-28-17 TO 6-7-19 106-03-79-13	ALEXANDER BEAL							
IB. CAUSE OF DEA	HITS BROAD STREET, BOSTON, MASS, APPROXIMATE INTERVAL							
heart failure, asthering, etc. If means the disease, injury or camplicotian which coused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony, giving rise to the abave cause (A) stating the UNDERLYING CONDITION tost.  OSTEODO  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  DISEASES OR CONDITION TO RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  OR CONTRIBUTING CAUSE OF CONDITION FOR WHICH OPERATION WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING home, form, foctory, street, or the property of the	20A. AUTOPSY? (Yes or No)  20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?  YES  In or obout 21C. WHERE DID  (If in Boltimore City, give exact location)							
	OLF HOW DIS INVESTIGATION							
OF INJURY  While At  Not Wh								
(APPROX.) Work At Work								
22. I certify that (X) (this haspital) attended the deceased from2								
that (X(we) last saw the deceased alive an 18 AUGUST	19.68 and that in (1982) (aur) apinlon death occurred an the date							
and have and fram the causes stated above. (M) (We) (did) (ADDAG).	view the bady after death.							
23A. SIGNATURE	23B. DATE SIGNED							
Dh.	ending Med. Staff Med. Director Phys. Med. 8/19/68							
23C. PHYSICIAN'S	23D. ADDRESS 3900 LOCH RAVEN BOULEVARD							
NAME (Type)	BALTIMORE, MARYLAND 21218							
DEGREE 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CE								
REMOVAL (Specify)								
REMOVAL-BURIAL 8-21-68 MT. SINAI PHILADELPHIA, PENNSYLVANIA								
25A, DATE REC'D THEATH DEET 25B. NAME OF REGISTRAR	2SC. FUNERAL DIRECTOR ADDRESS							
The page (MINIMA) of although in	SOL AEVINSON & BROS., 6010 REISTERSTOWN ROAD							



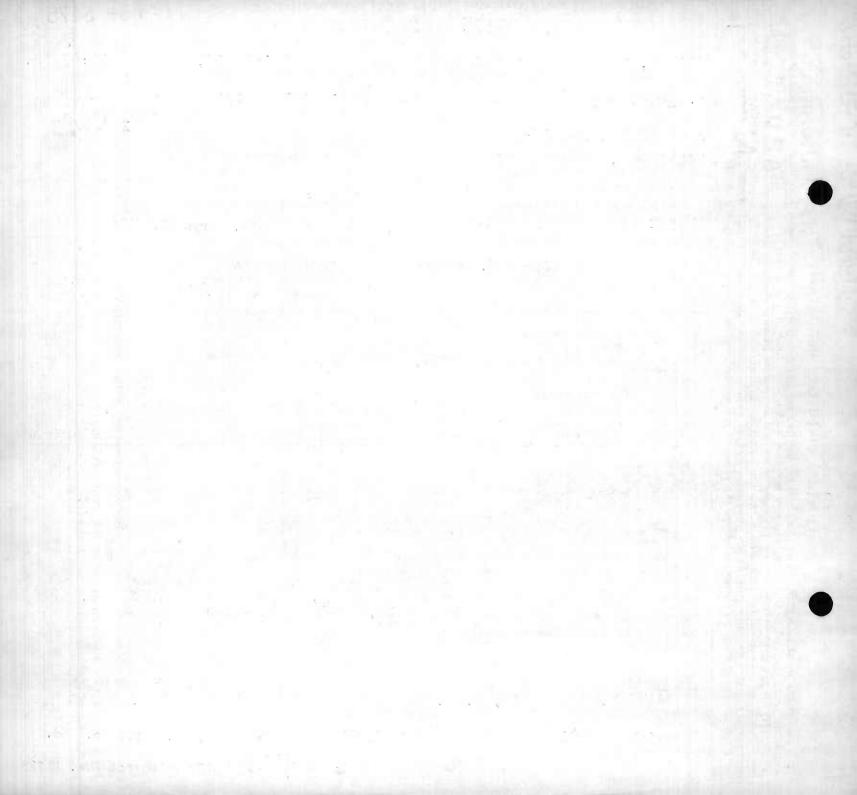
IMPORTANT

FUNERAL DIRECTOR:



V\$ 150-REV. 1/1/6B

BALTIMORE CITY HEALTH DEPARTMENT



IMPORTANT

DIRECTOR:

FUNERAL

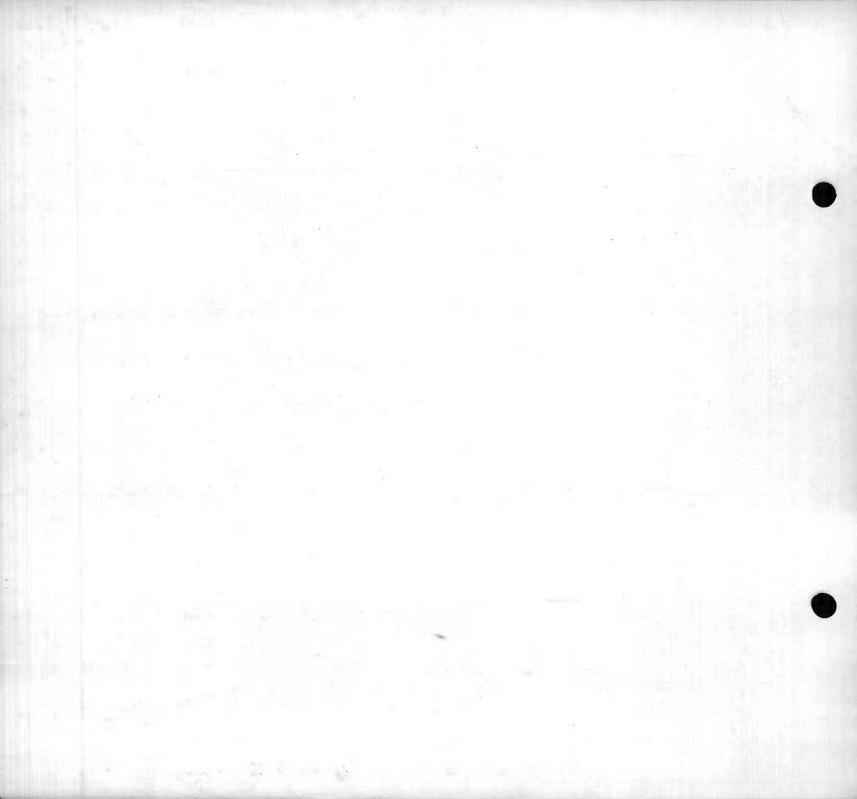
BALTIMORE CITY HEALTH DEPARTMENT

NO

Hours

II Under 24 Hrs.

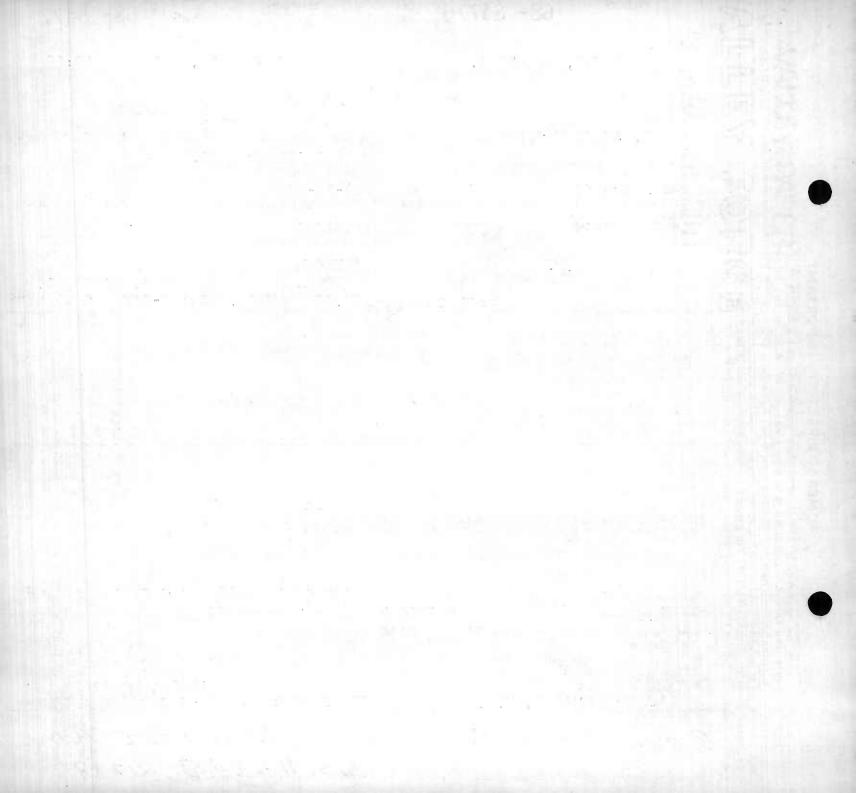
ADDRESS APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exoct location) and that in (my) (our) opinion deoth occurred on the dote 23B. DATE SIGNED ADDRESS VS 150-REV. 1/1/6B



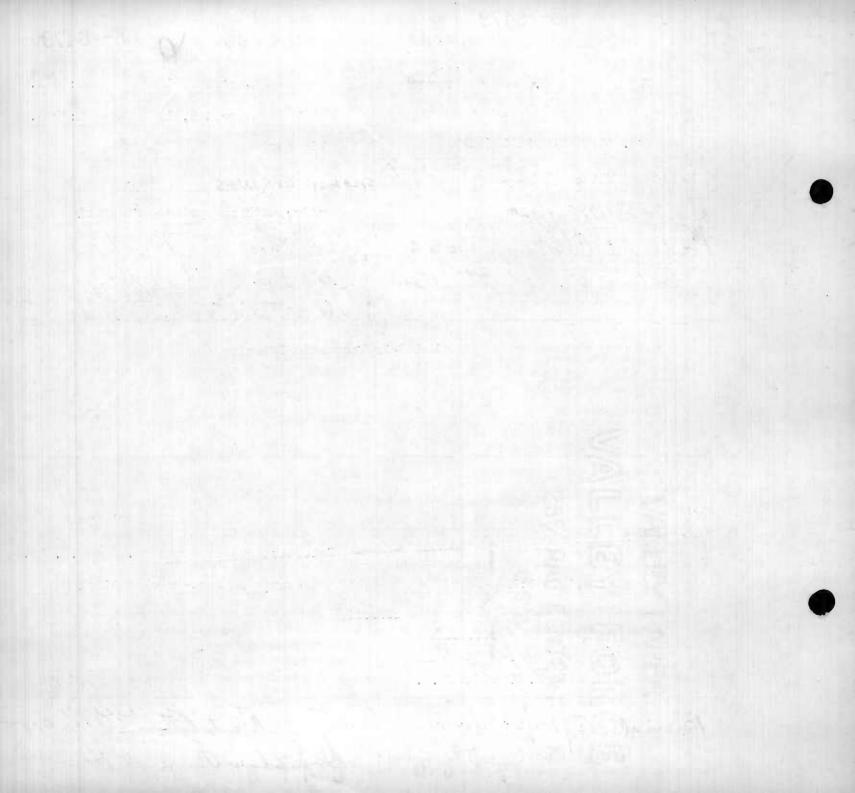
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VS 150-REV. 1/1/68

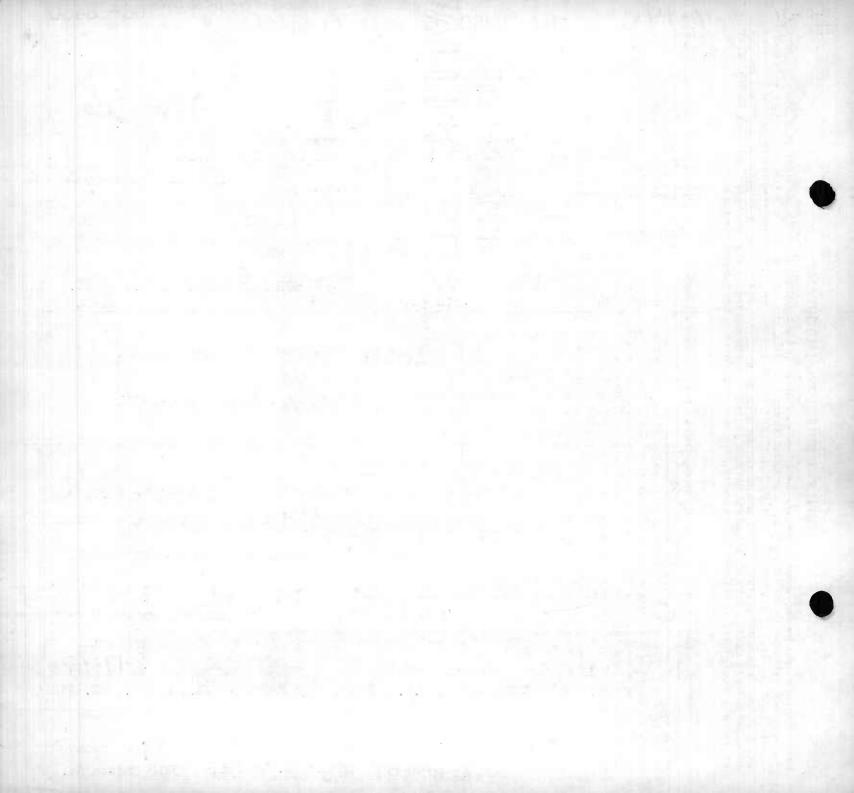
BALTIMORE CITY HEALTH DEPARTMENT REG. NO USUAL RESIDENCE (Where deceosed lived, If institution: residence before admission) D. INSIDE CITY LIMITS? NO If Under 1 Yr. If Under 24 Hrs. Hours 12. CITIZEN OF WHAT COUNTRY? US APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Baltimore City, give exact location) and that in (my) (aur) apinian death occurred an the date 23B, DATE SIGNED 18 68



	68-84	79 BALTIMORE CITY HE	ALTH DEPAI	TMENT				
		EXAMINER'S			DEAT	A LA	68-	8479
BIRTH NO.			B#1(11111		D 14/ ( ) 1	REG. NO		0110
1. NAME OF DECEASED		PECK	2. DATE	Known 🗆	Month	Doy	Yeor	Hour
(Type or Print) CLYDE	GREGO	AY TUCKER	OF			9, 1968		2:00 A
4. PLACE IN BALTIMORE, MA		~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	3. DATE	Estimoted [	Month	Doy	Yeor	Hour
	T IN HOSPITAL OR INST			NCED DEAD				
HOSPITAL ADDRE	SS OR LOCATION)	HOHON, OFFE STREET				9, 1968	_	2:00 A.M.
OR INSTITUTION	EC HOODTMAT	(DOA)	A STATE	ESIDENCE (Whe		ed. If Institution:  3. COUNTY	residence be	fore odmission)
99 SI. AGNI	ES HOSPITAL	(DUA)	A. JIAIL	Missouri		COUNTY	2	
6. SEX 7. RACE	8. MARR	ED NEVER MARRIED	C. CITY OR	TOWN		D. INSIDE CIT	Y LIMITS?	
Male Whit			N .	N SPR	1,000	VE	. 1971	
9. DATE OF BIRTH	10. AGE (In years	If Under 1 Yr. If Under 24 Hrs.		ND NUMBER	(N 6-5	YE	s X N	10 🗆
1 1 20 10		Months Doys Hours Min.			: 7		361	
Defst 29 178	10			ridges S	ijoam Sj	orings	Missou	iri
11. BIRTHPLACE (State or foreig	n yountry)	12. CITIZEN OF WHAT COUNTRY?	13. FATHER	NAME	0	-	,	,
Tredmant (	llakam	a USA	1 Cl	areno	e. E	. In	c/20	2
14A.USUAL OCCUPATION (Give		OF BUSINESS OR INDUSTR	15. MOTHE	S MAIDEN NA	ME	21	2	
Solie doring most of working life, eve	en irrenred)	+ time	1	0. 1.	. (	han	102	,
16. WAS DECEASED EVER IN	U.S. ARMED FORCES	? 17. SOCIAL	18. INFORA	IANT	17	and AD	DRESS	
(Yes, no or unknown) (If yes, give w			7/1/	-11.4	130	,2400	ed or	agecouch
110 9 100		CAUGE OF DEA	Doce	evous	en 2	anel	m	A.
28/2	1	CAUSE OF DEA	IH					ROXIMATE INTERVAL EN ONSET AND DEATH
DISEASE OR CONDI	ITION DIRECTLY	Multip1	e Traum	atic Inju	uries			
LEADING TO	DEATH	(A)IMMEDIATE						
(This does not mean the heart failure, asthenia, etc.	mode of dying, e.g.,		AS A CONSEQ	UENCE OF:				
Injury or complication which								
ANITECEDENIT	CALIEFE							
DISEASES OR CONDITION		(B)	AS A CONSEC	UENCE OF:				***************************************
RISE TO THE ABOVE CAL	JSE (A) STATING THE							
Z UNDERLYING CONDITI	ON LAST.	(c)						
OTHER SIGNIFICANT CON TO THE DEATH BUT NOT	II							
OTHER SIGNIFICANT CON								
DISEASE OR CONDITION				***************************************				n dibbo = =================================
20A. DATE OF OPERATION	20B. CONDITION	OR WHICH OPERATION W	AS PERFORM	ED			21. AUTOP	SY? (Yes or No)
O								yes
ZZA. EXTERNAL CAUSE	WAS I:	22B. PLACE OF INJURY(e.g.,	in or obout 2	C. WHERE DID	(If in Boltimore	City, give exoc		(-1)
UNDERLYING GOR CONT	TRIB-	228. PLACE OF INJURY(e.g., home, form, foctory, street, offic Street	e bldg., etc.) If	JURY OCCUR?	• 6	2, 9	1	03-06
UTING CAUSE OF DEA							d. and	U.S.Rte.
OF INTITION				2F. HOW DID IN	AJURY OCCU	R?		
(APPROX.) August 9	),1968 1:15 <sup>4</sup>	MHILE AT WORK AT W	ORK X	Passenger	r in aut	to-truck	. colli	sion
23.								
I certify that I he	eld on Inquiry	InspectionAu	topsy XX	ond that on	this basis, a	death In my o	pinion	
resulted from: No	aturol couses	Accident X Suicid	le Ho	micide 🔲	Undetermin	ed monner	1	
	) , , , ,	1 . 0		HIEF MEDICAL				
ACTUAL /	11/1/1/	e blan				x		DATE SIGNED
SIGNATURE U	1000	M.D		STANT MEDICAL				
EXAMINER'S RO	onald N. Kon	cnblum, M.D.	ASSO	CIATE MEDICAL	EXAMINER		ugust	9, 1968
NAME (Type)  24A. BURIAL CREMATION,   24	4B. DATE	DAC BLAME A CEMETERY	CDE44470	DV To:-	LOCATION	len :		10
REMOVAL (Specify)	-1 1.0	24C. NAME of CEMETERY	OF CREMATO	240	LOCATION	1 Brown,	or sounty)	(Stote)
Burial !	8/12/68	frmans	Uma	cery 1	LIT	1-11	1	1200
25A. DATE REC'D BY HEALTH D	25B. NA	AME OF REGISTRAR	25C. <b>[</b>	ONER AL DIRECT	TOR	-/ AD	DRESS	daniel
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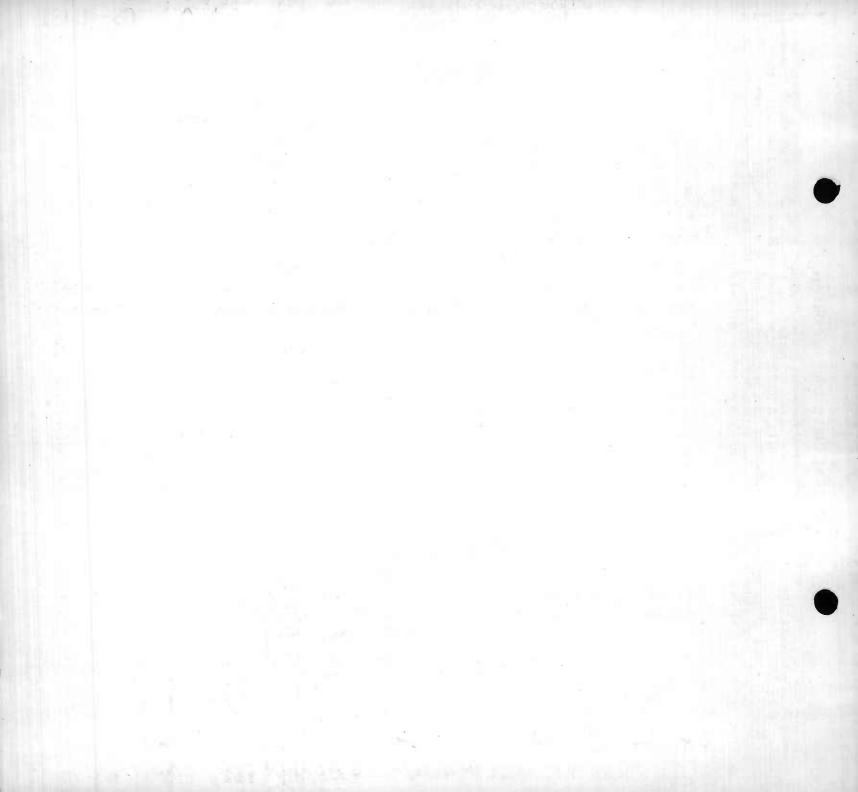


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ath	5	BIRTH NO.	ECEASED		- CLICTITO		TE AND HOUR OF DEATH	
- P	S	(Type or Print)	DARBER VA	upel				2-17-168: M.
+ + D	-	3. PLACE IN B	ALTIMORE, MARYLAND, V	WHÈRE PRONOU	NCED DEAD	A. STATE  MARYLAND	COUNTY	nstitution residence before admission)
hospi use o ; (5) D		FULL NAME OF HOSPITAL OR	ADDRESS OR LOC	ATION)	TION, GIVE STREET	C. CITY OR TOWN	lo In:	SIDE CITY LINITS?
in a ng cause;	0	2/	BALTIMORE CI		TALS	BALTIMORE	00	YES NO NO
ing ca	<b>L</b> .	21	BALTIMORE, N		21224	6200 ALUMO	RE WAY 21224	
curre	, 7	5. SEX	6. RACE	7-	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In veors	If Under 1 Yr. If Under 24 Hrs. Months! Doys Hours! Min.
th occurr contribu	ased is ma	FEMALE	WHITE	WIDOWED		11-21-87	lost birthdoy	
th co	ece on i		CCUPATION (Give kind of wor of working life, even if retired)	rk 108, KIND OF	BUSINESS OR INDUSTRY	GERM		12. CITIZEN OF WHAT COUNTRY?
C deo	D :=	Homen				14. MOTHER'S MAIDE		
7 = (4)	the spo		JAC OB				SE	
ANN Stant ind;	0 0	15. Was Decea	sed Ever in U. S. Armed Fo	oices?	1 6. SOCIAL SECURITY NO.	17. INFORMANTECH	4940 EASTERN	AVE., BALTO, MD.
STA sister the kin dec	fino		No		217-05-5633	ECORDS:		21224
IMPORTAN or his assistant Also, if the di s of any kind;	0 .	18-3 O	9191		CAUSE OF DEAT	Н		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
A his	9 +	DIS	EASE ON CONDITION D LEADING TO DEATH		(A) IMMEDIATE CAL	ISE Aspiral	ian Pheumo	nia
0 7 2 5	- B	heart failu	s not meen the made a ie, asthenia, etc. It mean	s the disease,	DUE TO, OR AS	A CONSEQUENCE OF:	. ha Fao bahasa ahasa - i Pha Mahasa a a Tisa	
OR	355	injury at a	camplication which cause ANTECEDENT CAUSE			Char	2.5.1	2.00
X am	0 0 0	DISEASES	OR CONDITIONS, if		DUE TO, OR AS	A CONSEQUENCE OF:	Brain Synds	COVIL
DIRECTOR: ical examiner of examiner. s; (3) A fractu	E .E .S		the above cause (A) ING CONDITION last.	stating the	(c)			
= 0 = .3	nysicia in was remain	,309	XII					
Medica burns		TO THE D	MFICANT CONDITIONS CO EATH BUT NOT RELATED TO PRICONDITION GIVEN IN PA	THE TERMINAL	.,			***************************************
FUNERAL  The chief med  By a media  Body burn  The chief	sicio the	19A.DATE	OF OPERATION 198. CO	NDITION FOR W	VHICH OPERATION	20 A. AUTOPSY? (Yes	or No) 20B. IF YES, WERE IN CERTIFYING C.	FINDINGS CONSIDERED AUSES OF DEATH?
D by de	phy	U 19A. DATE	DENT WAS UNDERLYING	21 B.	PLACE OF INJURY (e.g.,	n or obout 21C. WHERE	OID (If in Boltime	are City, give exact lacotion)
- ==0	do ple befo	OR CONTI	otify medical examiner	home	e, form, foctory, street, o	flice bidg., INJURY OCC	U R?	
_ 5 7	Po Po	OF INJURY			INJURY OCCURRED		D INJURY OCCUR?	
ove ove na	d din	(APPROX.)		Whil	le At  Not Whi	• 🗆		0 17 14
94.5	obi		ify that (1) this hospita		deceased from	- 10 (8	19 6 to	pinion deoth occurred on the date
0 0 0	th);		we) lost sow the deceos and from the couses sta		(We) (did) (did not)			, .
ust be eased	deat	23A SIGN		0				23B, DATE SIGNED
must eleas ccide	0	IK.	Christon	n St	uclassin	ending Med. Director	Staff Phys.	18-17-68
0 - 0	prior to	23 C. PHYSI NAM	E (Type) R. CHRIS	TOPHER S	rucky M.D.	BCH: 4940 E	ASTERN AVE., B	ALTO., MD. 21224
certificat sody was vs. (1) An		24A. BURIAL	CREMATION, 24B. DATE		DEGREE			City, town, or county) (State)
ody.		REMOVA Bur:	AL (Specify)					Md.
S - 3	S 0 =		C'D BY HEALTH DEPT.	25B. NAME O	hwartz's	25C. FUNERAL DIR	ECTOR	ADDRESS
1148	<b>₹ ₽ ₹</b>		AUG 20 196	8 Och	D & Barrier	Thelma A.	Hoffmann 32	18 Hudson St.
		VS 150-REV. 1	/1/6B					

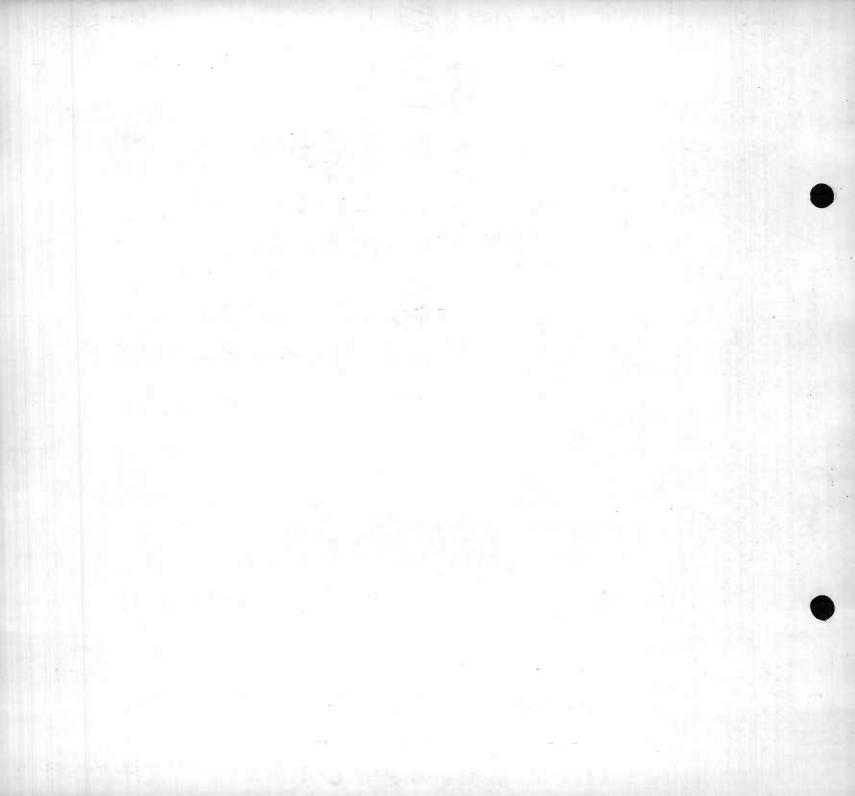


FUNERAL DIRECTOR: IMPORTANT

	68- 848	BALTIMORE CITY	HEALTH DEPARTMENT	DR.KOSKI	BO_ MOAOA
	00 010	CERTIFICA	TE OF DEATH	REG. NO.	00- 0401
BIRTH NO.			DATE AN	ID HOUR OF DEATH	
Type or Print) LILL!	AN ADA	SMITH		MEUST 1968	1120 AN
3. PLACE IN BALTIMORE, M.	ARYLAND, WHERE PRON	OUNCED DEAD	4. USUAL RESIDENCE (When	re deceased lived, If inst	itution: residence before admission
FULL NAME OF (IF NO HOSPITAL OR ADDR	T IN HOSPITAL OR INST	TUTION, GIVE STREET		BALTO.	53-00
NSTITUTION			BALTO.		E CITY LIMITS?
38			E. STREET AND NUMBER		YES NO W
UNIVERSITY OF	MARILAND +	tosp ITAL	221 WESTO	WNE POAT	<b>&gt;</b> .
SEX 6. RACE	WIDOWE	I IAEAEK WYKKIED		9, AGE (In years last birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
		OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	ign country)	12. CITIZEN OF WHAT COUNTRY
RETIMAL US		er servica	MD.		U.S.A.
3. FATHER'S NAME			14. MOTHER'S MAIDEN NA	ME	
WAITER	SMITH		1111114	HOLMES	
5. Was Deceased Ever in U.	S. Armed Forces?	1 6. SOCIAL	17. INFORMANT	100103	ADDRESS
(es, no or unknown) (If yes, giv	e wor or doles of service)		6 11	1- 000	2/229
18. 4 C 4 X		216.44.4201	GUMLIFE SA	ALTH SUS	KINGSTON RD
underlying condition  492 X  other significant condition  to the Death but not other significant condition  other condition	ON last.  II  IDITIONS CONTRIBUTING	(c)			
DISEASE OF CONDITION OF THE PROPERTY OF THE PR	GIVEN IN PART 1 (A).	.00000000000000000000000000000000000000	20A. AUTOPSY? (Yes or No	20B. IF YES, WERE FILL IN CERTIFYING CAU	NDINGS CONSIDERED SES OF DEATH?
21 A. ACCIDENT WAS UN OR CONTRIBUTING CA DEATH (notify medical ex	AUSE OF he	B. PLACE OF INJURY (e.g., in ome, farm, foctory, street, of c.)	or obout 21 C. WHERE DID	(If in Boltimore	City, give exect location)
OF INJURY		E. INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
(APPROX.)	M	/ork L At Work			
22. I certify that (1) (that (1) (we) last sow	the deceased alive on	18 August		19 <u>68</u> to <u>18</u> of in(my) ( <del>our) op</del> ini	on death occurred an the dot
23A. SIGNATURE		(1, 2, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,			23B. DATE SIGNED
Of my	Out &	Atte	Med. Director	Staff Physics	18 AUDUST 1968
23C. PHYSICIAN'S NAME (Type)	Juna		3D, ADDRESS	/	MARY LAND 2120
JEAN	M. JACKSO	N, M.D. DEGREE	UNIVERSITY	OF MARY LAN	UD HOSPITAL
24A. BURIAL CREMATION, 2 REMOVAL (Specify)	48. DATE . 24C.	NAME of CEMETERY OF CRE	MATORY 24D. L	OCATION (City	, town, or county) (Stote)
BURIAL .	1/21/63 1	OUDON PAR		BALTO. M	ADDRESS
25A. DATE REC'D BY HEALTH	258, NAME	OF REGISTRAR	25C. FUNERAL DIRECTOR		
AUG 2 (	1968 12 0.4	T Z CONTRACTOR	13.15D/1005	BURY 6411L	ULADSOR MILL



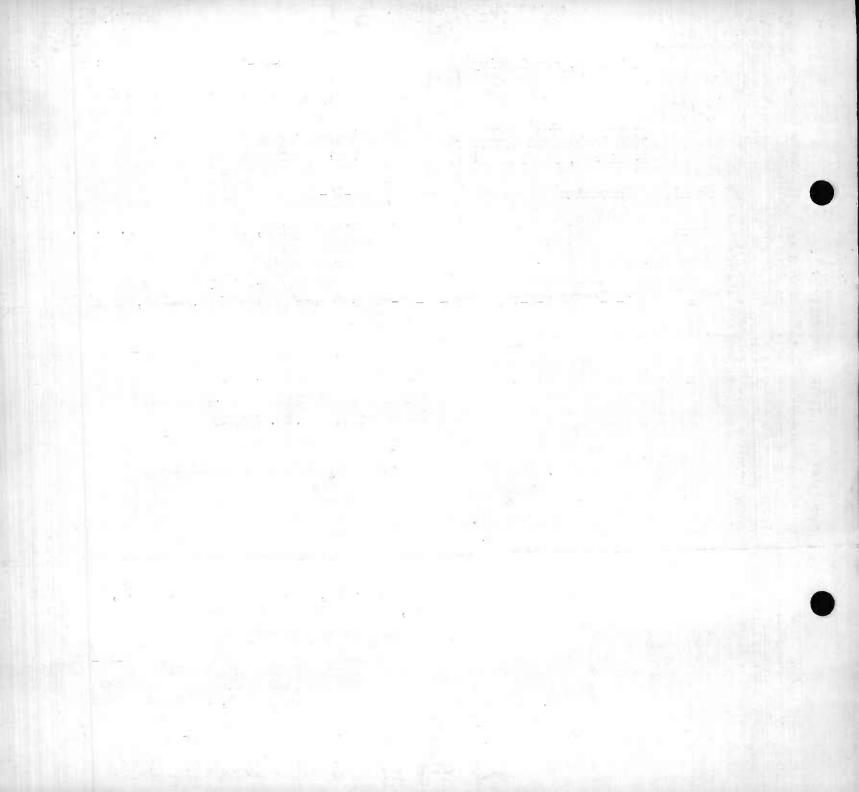
BALTIMORE CITY HEALTH DEPARTMENT



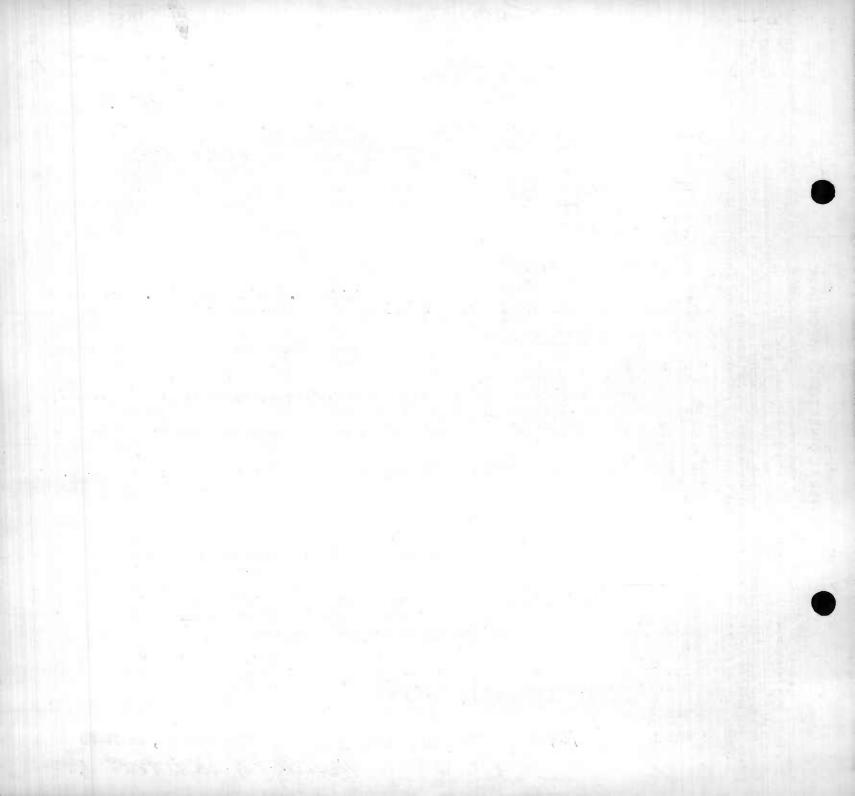
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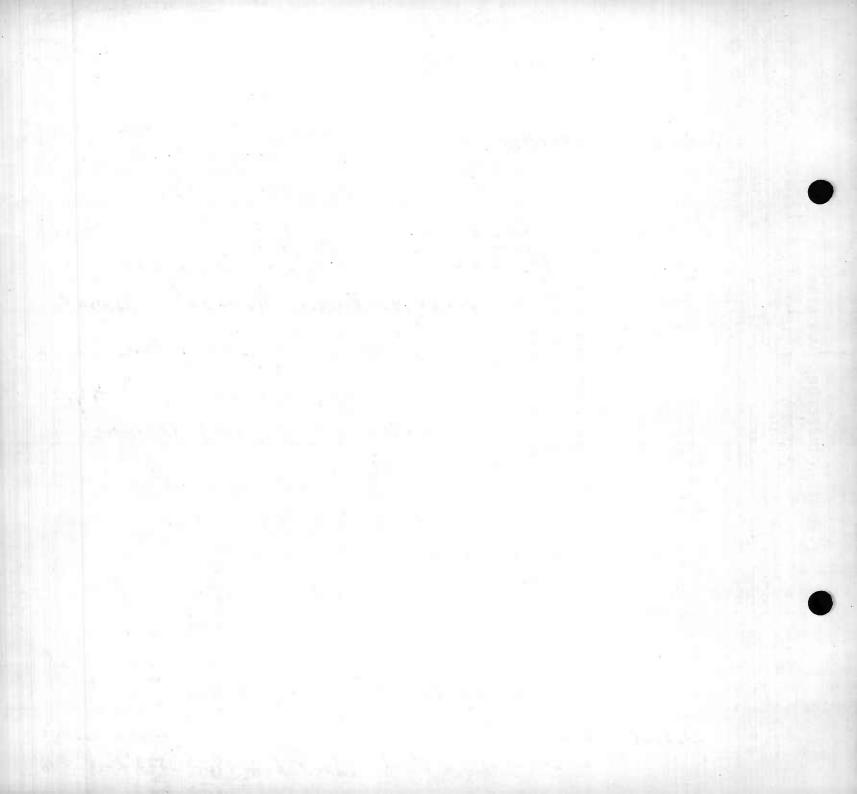
FUNERAL DIRECTOR:

			00 04	BALTIMORE CITY	HEALTH DEPARTMEN	NT T	68- 8483
			68-84	83 CERTIFICA	TE OF DEAT	H REG. NO.	00 0400
	TH NO.	SED				TE AND HOUR OF DEAT	ш
(Тур	e or Print)	DERSON,	Nannie Vi		8-	16-68	8:05 P M.
3, 1	PLACE IN BALTIA	MORE MARYLA	AND, WHERE PROP	NOUNCED DEAD	4. USUAL RESIDENCE A. STATE B.	(Where deceased lived, I	institution: residence before odmission)
HO	LL NAME OF	(IF NOT IN ADDRESS O	HOSPITAL OR INS	TITUTION, GIVE STREET	District of		NSIDE CITY LIMITS?
IIN 3	7 Vet	terans A	dministrat	tion Hospital	Washington	45 gr As	YES NO
0	390	00 Loch	Raven Boul	levard	E. STREET AND NUM	BER	
	Bal	Ltimore,	Maryland	21218	1901 Wyomin	g Avenue N W	
S. S		RACE	7. MARRII		B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. Il Under 24 Hrs. Months Doys Hours Min.
		Caucasia		DIVORCED DIVORCED DIVORCED	4-14-83	85	12. CITIZEN OF WHAT COUNTRY
don	e during most of wo						U. S. A.
	LTSE				14. MOTHER'S MAIDE	g, Maryland	U. S. A.
	hn Anders				Sarah Brena		
	Wos Deceosed E		med Forces?	1 6. SOCIAL			ADDRESS
Yes	,no or unknown) (I	f yes, give wor	or doles of service	security No. 232-80-40-40		Hospital Reco	ords Add 21218
	18. 44 / 2	1.211		CAUSE OF DEAT			APPROXIMATE INTERVAL
	DISEASE	OR CONDITI	ON DIRECTLY				BETWEEN ONSET AND DEATH
		ADING TO		(A)IMMEDIATE CAI	SE ARTERIOSCI	EROTIC CARDIO	-VAS-
		thenio, etc. It	ode of dying, e. means the disea caused deoth.)		A CONSEQUENCE OF: SEASE (GENERA		
	AN	ITECEDENT C	AUSES	ADTEDTA	T & ADTENTAL	AR NEPHROSCLE	POSTS
	DISEASES OR	CONDITION	S, if any, givi	ng DyE 10, QR AS	A CONSEQUENCE OF LFT, MOD. RT	at Wermoodie	IWS13
	rise to the UNDERLYING		e (A) slating t	he (C)	LFT, MOD. RT	.KIDNEY)	
	442,X	П		Himmer			
ATION	OTHER SIGNIFIC	ANT CONDITIO	NS CONTRIBUTING	G INTEST	NAL OBSTRUCT	ION, DISTAL I	LEUM
CAT	DISEASE OR COL	NDITION GIVEN	IN PART I (A).	R WHICH OPERATION	20A. AUTOPSY? (Yes		
CERTIFIC	A DATE OF C		AS PERFORMED	K WHICH OPERATION	YES	IN CERTIFYING	RE FINDINGS CONSIDERED CAUSES OF DEATH?
	21 A. ACCIDENT OR CONTRIBUTI			21B. PLACE OF INJURY (e.g.,	in or obout 21 C. WHERE D	OID (If in Boltin	nore City, give exact location)
CAL	DEATH (notify m			etc.)			
_	21 D. TIME ()	Month) (Doy)	(Year) (Hour)	TE. INJURY OCCURRED		D INJURY OCCUR?	
2	(APPROX.)			While At Not Whi	e 🔲		
	22. I certify th	at (4) (this h	aspital) attende	d the deceased fram J	uly 23,	19 68 to Aug	ust 16, 1968
				August 16,	14	TETE	pinlan death accurred an the date
				(Me) (did) (did) (did)			
	23A. SIGNATURE			at a second			23 B. DATE SIGNED
	57	00	0 500	n/ Ath	ending Med.	Staff A	8-17-68
	23 C. PHYSICIAN		C CXXX	TV (DEGREE)	23D. ADDRESS 3900		BOULEVARD
	NAME (Typ	RONALI	C. ELKIN	S. MD		LIMORE, MARYL	
24 A	BURIAL CREM	ATION, 24B. D		NAME OF CEMETERY OF CR			(City, town, or county) (Stote)
-	DURIA!	1 81	21/68	Ostlo. NAD	IOMAL	Dal-1	0 1114
25 A	. DATE REC'D B	UG 2 0	968 P.O.	E OF REGISTRAR	2SC. JUNERAL DIRI	CTOR XI	COND ADDRESS Z D
	700	IAM BA	AND CO	LI CANELLANDINA	11 (14/4)	SHAJ IVE	1) 100 d [[ M 10 10 10 10 10 10 10 10 10 10 10 10 10



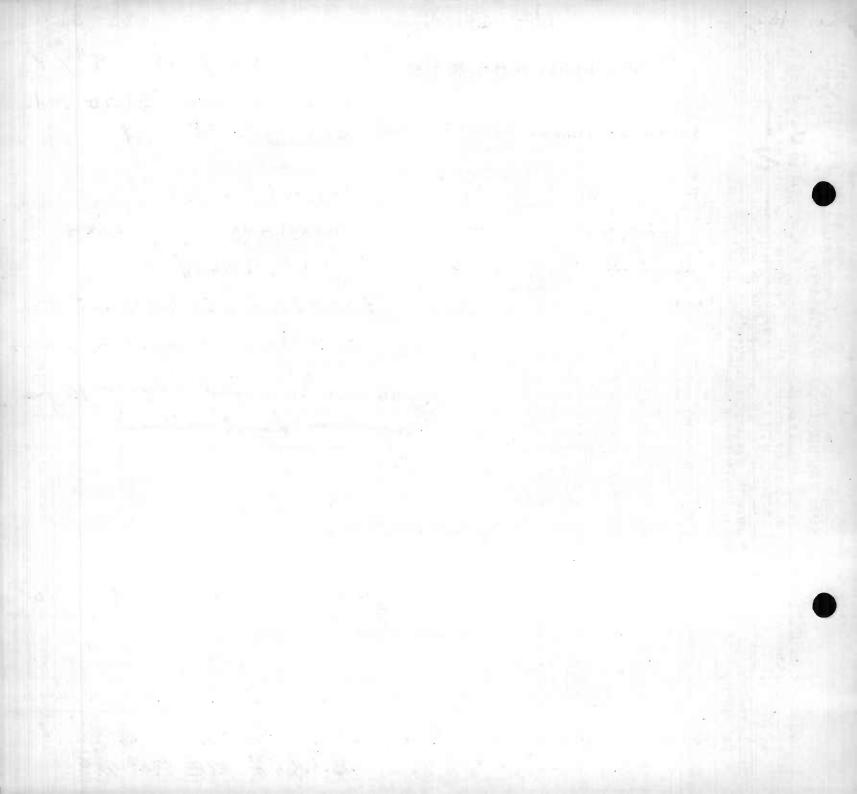
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ath sed the the	BIRTH NO.			OEKTII 107		- 112112 22 22 22	
0 0 0 V	(Type or Prin	F DECEASED			2. DATE AN	D HOUR OF DEATH	1444
- D 0 5 -		IDN M. S	TRICKLA	ND		1/7/68	PN
± 00 0 ±	3. PLACE IN	N BALTIMORE, MARYLAND,	WHERE PRONOUNG	CED DEAD	4. USUAL RESIDENCE (Wheel	e deceased lived. If institu	tion: residence before admission
<u>u</u> 00	FILL NAMA	E OF VIE NOT IN HOS	DITAL OR INICTIALIS	ON CIVE CABLLA	MARYLAUD	7 6	756)
5 8 0 P P	HOSPITAL	OR ADDRESS OR LO	PITAL OR INSTITUTIO	ON, GIVE STREET	C. CITY OR TOWN		CITY HMITS?
cau use; tend	INSTITUTION	N BALTIMON	2- COENE	RAL	BALTIMORE	,	SP NO
	SOUT	N BNZIII	OB III		E. STREET AND NUMBER	1 10	3 140
att ior	113				102 111	FORT AUE	
de d	1						
curribuning and a sed	5. SEX	6. RACE	7. MARRIED	NEVER MARRIED		9. AGE (In years III	Under 1 Yr. If Under 24 Hrs. onths: Doys Hours Min.
D + E DI N -	-	$\omega$	WIDOWED	DIVORCED	Oct 3, 1892	77	
o o o o o o o o o o o o o o o o o o o				SINESS OR INDUSTRY	11. BIRTHPLACE (State or forei	gn country) 1	2. CITIZEN OF WHAT COUNTRY
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it d'a		USBWIFE		the second second	VIREINIA		UJN
S C C C	13. FATHER	SNAME			14. MOTHER'S MAIDEN NAM	AE	
T = 54 > + q	10.11	1100	11-0		-		
Z = 5 5 5 5 5 5	15. Was Dec	ceosed Ever in U. S. Armed Inknown) (If yes, give wor or d	Forces? 16	SOCIAL	17. INFORMANT		ADDRESS
Star ind ind al	(Yes, no or un	iknown) (If yes, give wor or d	lates of service)	SECURITY NO.		at and TOS W.	Fort Avenue
Sist the the kir de de fino	NO		2	T7 07 8853	William R. Stri	RIZZERA	1010 12101110
IMPORTA or his assista Also, if the s of any kind ounced dea	18.	136 91		CAUSE OF DEAT			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
or is a series	1	DISEASE OR CONDITION	DIRECTLY				BETWEEN ONSET AND DEATH
A H I I I I I I I I I I I I I I I I I I	1200	LEADING TO DEAT	H	AND MARKEDIATE CAL	ISE MASSINE CONTA	PSE DELINE	MENUTES
- 94 5 5 B F		loes not meon the mode		DUE TO, OR AS	USE MASSINE COLLA A CONSEQUENCE OF:		***************************************
er er ba		oilure, osthenio, etc. It meo or complication which cous					
0 - 5 5 5 5		ANTECEDENT CAUS			011-11-11		
E E T C E E	DICEAC			(B) EACH	SCON PUEUMO :	NOICAX	HINUTES
X X X X		SES OR CONDITIONS, it to the obove couse (A					
Cal examine al examine al examine s; (3) A fraction who prise in regula		RLYING CONDITION lost.		(c) CERE	BRAL VASCULAR	ACCIDENT	(W55L
ist is all all all all all all all all all al	2 2	3/X II					
died die	7 -	SIGNIFICANT CONDITIONS C	CONTRIBUTING	Pa	C O Cas	Chan	12/11/20
A med med but	TO THE	DEATH BUT NOT RELATED TO E OR CONDITION GIVEN IN P		VKOBAR	SLE GA OSEM	106 MIN & SHOW	13/360/13
NER a nody he p		TE OF OPERATION 198. CO	ONDITION FOR WHI	CH OPERATION	20A. AUTOPSY? (Yes or No	20B. IF YES, WERE FINE	DINGS CONSIDERED
UNER chief by a m body the p	19A. DA	WASP	ERFORMED	_	Yes	IN CERTIFYING CAUSE	S OF DEATH:
→ 600 of 0	U 21A. AC	CCIDENT WAS UNDERLYING	21 B. PL.	ACE OF INJURY (e.g.,	in or obout 21C. WHERE DID	(If In Boltimore C	ity, give exoct location)
수 등 등 등 등 등 등 등 등 등 등 등 등 등 등 등 등 등 등 등	T DEATH	(notify medical examiner)	etc.)	tarm, toctory, street, a	office bldg., INJURY OCCUR?		
A K S S S S S S S S S S S S S S S S S S	U		-A (HA 015 111	III.nv o.c.cuanto	21F. HOW DID INJ	LIBY OCCUPS	
77 0 4	OF INJU	URY (Month) (Doy) (Tec		JURY OCCURRED		OKT OCCOR?	
ved hos nate ept ept d (6	< (APPRO	X.)	White Work	Al Work			
o e x x x c bto	22. 1.00	ertify that (I) (this haspi	tal) attended the	deceased from	8/11	965 to 8/	17 1968
d t b o o				,		/	n death accurred an the dat
804-00		(we) last saw the decea				or in (my) (dor) aprilla	in death accorred an the dar
it be a seed to ent of spital			tated abave. (I) (	Me) (did) (did nat)	view the bady after death.		
st er er de	23A. SIG	SNATURE					B. DATE SIGNED
- horida	10	V. 4 0/11	20000	M.D. DEGREE Phy	ending Med. pirector	Staff Phys.	AUG 17, 1965
5000	23C. PH	YSICIAN'S	00	P DEGREE	23D. ADDRESS		
To or	NA	ME (Type)	0.00- 11	n Ma	0	· P	Lucia 1/h an
Ficate was r An a A. at prior		JOHN CIL	KILZERI	1, U DEGREE		more se	MERAL NOSV
# <u>&gt;</u> €655 =	REMO	L CREMATION, 24B. DATE VAL (Specify)	24C. NAM	E OF CEMETERY OF CR	EMATORY 24D. L	OCATION (City,	town, or county) (State)
cert body 7s: (1 D.O ase	BURI		68 CFD	AR HILL CEM	C C	LEN BURNTE	MARYLAND
This cer the bod shows: was D.C decease		RECON CHESTAN TOTAL	PSB NAME OF	REGISTRAN	25C NERAL DIRECTOR		ADDRESS
This certif the body shows: (1) was D.O deceased written a		1104 80 1300	Ulakar 15 F.	- HELDOWALE	Olla Dilla F	H 130 F F	pet the.
	VS 150-REV.	. 1/1/68	1 7 0	4.	1. Accild !	1, , , , , ,	
					/		





BALTIMORE CITY HEALTH DEPARTMENT

68-8486 REG. NO. D. INSIDE CITY LIMITS? If Under 1 Yr. Months: Doys If Under 24 Hrs. Hours 12. CITIZEN OF WHAT COUNTRY? US#A BETWEEN ONSET AND DEATH 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Baltimore City, give exact location) and that in (my) (our) opinion death accurred an the dote 238, DATE SIGNED (City, town, or county)



Such O

00	BALTIMORE CITY	Y HEALTH DEPARTMENT	CO 040m
68- 8	8487 CERTIFICA	TE OF DEATH REG	.No. 68- 8487
BIRTH NO.	CERTITION	TE OF DEATH	
1. NAME OF DECEASED (Type or Print)		2. DATE AND HOUR OF	DEATH
GERDA M. SPIEL	KER	8/15/68	12 33 PN
3. PLACE IN BALTIMORE, MARYLAND, WHERE	PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased I	lived. If institution: residence before admission)
COLUMN AND OF THE NOT IN HOSPITAL OR	INSTITUTION, GIVE STREET	Mas (	00 10
HOSPITAL OR ADDRESS OR LOCATION)	INSTITUTION, GIVE STREET	C. CITY OR TOWN	W. INSIDE CITY LINITS?
INSTITUTION			YES P NO
30 university of Maryla	in classifical	E. STREET AND NUMBER	
UNIVERSITY 81 MINEYIA	-B P - S - S - S - S - S - S - S - S - S -		1.4
5. SEX   6. RACE   7. AAA	*	B. DATE OF BIRTH 9. AGE (In y	400
7412	ARRIED NEVER MARRIED	lost birthdoy)	
Female White WID	OWED DIVORCED	3/19/21 47	
10A. USUAL OCCUPATION (Give kind of work 10B. K	IND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or foreign country)	12. CITIZEN OF WHAT COUNTRY
done during most of working life, even if retired)		1	U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDENNAME	0.3.4.
		THO THER S WAIDEIGH AIME	
PAUL GOEHLERT		MAR GARET BO	ERNER
(Yes, no or unknown) (If yes, give wor or dates of si	1 6. SOCIAL	17. INFORMANT	ADDRESS
Tes, no or officional file yes, give wor or doles or si	ervice) SECURITY NO.	1 +	
Tec.	CAUGE OF BEAR	Chant	APPROXIMATE INTERVAL
18. 15/171	CAUSE OF DEAT	n e e e e e e e e e e e e e e e e e e e	BETWEEN ONSET AND DEAT
DISEASE OR CONDITION DIRECTLE LEADING TO DEATH	Y		, .
	(A) IMMEDIATE CA	USE FATOS TINAL OBSTRUIT A CONSEQUENCE OF:	cting 2 Mos.
(This does not meon the mode of dying heart foilure, asthenia, etc. It means the d	iseose, DUE TO, OR AS	A CONSEQUENCE OF:	
injury or complication which coused death			
ANTECEDENT CAUSES	in Hoters	ratio Contrais CHARLE	would dyrs
DISEASES OR CONDITIONS, if ony,	giving DUE TO, OR AS	TATIC CHATTRIC CHACI.	
rise to the above couse (A) statin			
UNDERLYING CONDITION lost.	(c)		
151X II			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO THE TERM DISEASE OR CONDITION GIVEN IN PART 1 (A)			
TO THE DEATH BUT NOT RELATED TO THE TER!			
	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YE	S, WERE FINDINGS CONSIDERED YING CAUSES OF DEATH?
198. CONDITION WAS PERFORME	st. obstravetin		ING CAUSES OF DEATH:
U 21A. ACCIDENT WAS UNDERLYING	21B. PLACE OF INJURY (e.g.,	in or obout 21 C. WHERE DID (If I	n Boltimore City, give exoct location)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	home, form, foctory, street, o	mice bidg., INJURI OCCUR:	
<u>U</u>	\ 015 WHILE & G. C. LINES	DIE HOW DID BILLIAN OCCUP	
21D. TIME (Month) (Doy) (Year) (Hou		21 F. HOW DID INJURY OCCUR	
< (APPROX.)	While At Not Whi Work At Work	le 🗌	
22. I certify that (1) (this hospital) atte	nded the deceased from	5/14 19 6) to	8 1/5 19 68
	-1./		our) opinion death occurred on the dat
that (I) (wa) lost sow the deceased oliv			(Aug.) opinion deoth occurred on the dol
and hour and from the causes stated ab	ove. (I) (We) (ad) (did not)	view the body ofter deoth.	
23A. SIGNATURE			23B. DATE SIGNED
1 1 long B D 1 - 0.		ending Med. Staff Phys.	
23C. PHYSICIAN'S	DEGREE PH	23 D. ADDRESS	7
NAME (Type)	1 112	Univ. of Ud H	05/
Lleyd B. Marpe	( M) DEGREE	p-ti	
24A. BURIAL CREMATION, 24B. DATE	24C, NAME of CEMETERY of CR	EMATORY 24D. LOCATION	(City, town, or county) (State)

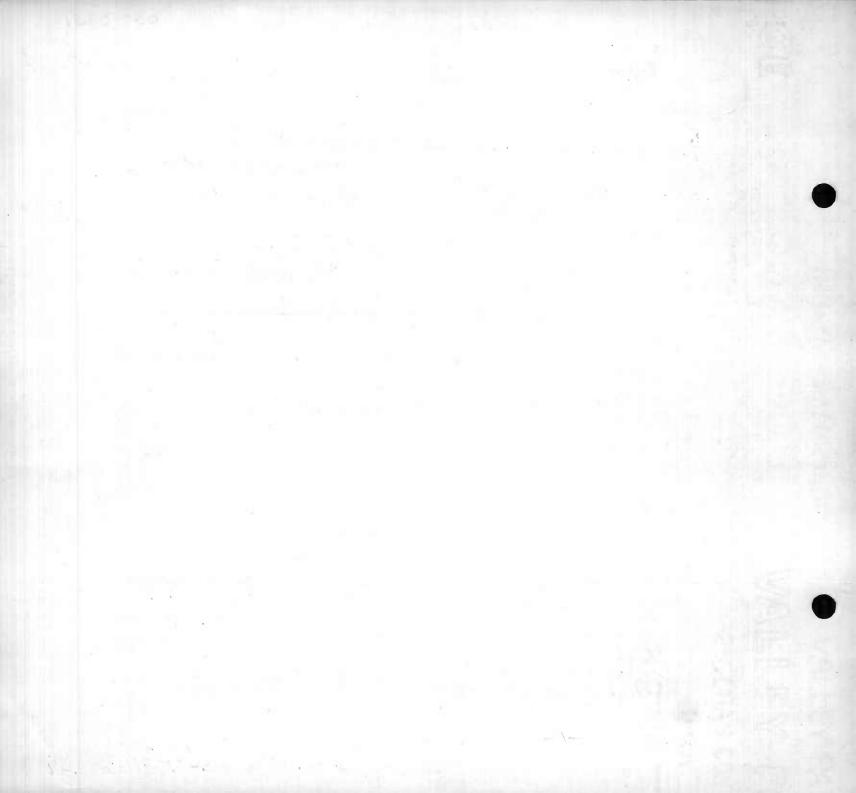
VS 150-REV. 1/1/68

258. NAME OF

E Laiben As

Inc. -6415 Belair Rd. -21206

25A. DATE REC'D BY HEALTH DEPT.
AUG 20 1968



W-423

68- 8488 BALTIMORE CITY HEALTH DEPARTMENT

ME	EDICAL EXAMINER'S	CERTIFICATE OF DEATH REG. NO	68- 8488
BIKIH NO.			
1. NAME OF DECEASED (Type or Print)		2. DATE Known Month Doy	Yeor Hour
ALEXANDER	WRIGHT	DEATH Estimoted X August 16, 19	968 3:00 Pm.
4. PLACE IN BALTIMORE, MARYLAND		3. DATE Month Doy PRONOUNCED DEAD	Yeor Hour
HOSPITAL ADDRESS OR LC	PITAL OR INSTITUTION, GIVE STREET DCATION)	August 16, 196	68 6:40 P <sub>M</sub>
OR INSTITUTION		5. USUAL RESIDENCE (Where deceosed lived. If institution: res A. STATE  B. COUNTY	idence before odmission)
2205 Linden Avenue	e	Maryland	
6. SEX 7. RACE	B. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY	IMITS?
male negro	WIDOWED DIVORCED	Baltimore YES	X No 🗆
9. DATE OF BIRTH 10. AGE	E (In years   If Under 1 Yr. ff Under 24 Hrs.	E. STREET AND NUMBER	
2-1-1920   lost by	Months Doys Hours Min.	2205 Linden Avenue	
11. BIRTHPLACE (State or foreign country		13. FATHER'S NAME	
Oak City, N.C.	WHATCOUNTRY?	George Wright	
	ork 14B. KIND OF BUSINESS OR INDUSTR		
done during most of working life even if retire Cement Finisher	ed)	Ella Wright	
16. WAS DECEASED EVER IN U.S. ARA (Yes no or unknown) (If yes, give wor or do	MED FORCES? 17. SOCIAL Mes of service) SECURITY NO (	1B. INFORMANT ADDR	
N Yes	tes of service) 219-07-061	8 Mrs. Charlotte Scott 2205	Linden Ave.
19. 5-71.81 -	CAUSE OF DEA	ATH	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION D	IRECTIV		DETITIENT OFFICE AND DEATH
LEADING TO DEATH	ratty F	Alteration of the Liver	
(This does not mean the made of	dying, e.g., (A)IMMEDIATE	AS A CONSEQUENCE OF:	
heart follure, asthenio, etc. It means Injury or complication which coused			
ANTECEDENT CAUSES	(B)	AS A CONSEQUENCE OF:	
RISE TO THE ABOVE CAUSE (A)	STATING THE	AS A CONSEQUENCE OF:	
Z UNDERLYING CONDITION LAS	GT. (C)		
S 81.0 11			
THER SIGNIFICANT CONDITIONS	CONTRIBUTING	m 1 1	
DISEASE OR CONDITION GIVEN II	N PART 1 (A).	nary Tuberculosis	
OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION GIVEN II  20A. DATE OF OPERATION 20B. C	CONDITION FOR WHICH OPERATION W	/AS PERFORMED 21.	AUTOPSY? (Yes or No)
Ö			
Z 22A. EXTERNAL CAUSE WAS	22B. PLACE OF INJURY(e.g.	, in or obout 22C. WHERE DID (If in Boltimore City, give exact los	cotion)
O LINDERLYING TOP CONTRIR	home, form, foctory, street, offi	ce bldg., etc.) INJURY OCCUR?	
UTING CAUSE OF DEATH.  22D. TIME (Month) (Doy) (1)	Yeor) (Hour) 22E.INJURY OCCURRED	22F. HOW DID INJURY OCCUR?	
OF INJURY		T WHILE	
(APPROX.)		WORK L	
23.			
		utopsy and that on this bosis, deoth in my opin	nion
resulted from: Notural	couses Accident Sulci	de Homicide Undetermined monner	
112	5 2	CHIEF MEDICAL EXAMINER	DATE SIGNED
SIGNATURE MUSICE	M- (NO M.I	ASSISTANT MEDICAL EXAMINER	
	r U. Spatz, M.D.	ASSOCIATE MEDICAL EXAMINER	8/17/68
NAME (Type)	2 0. 000000, 11.0.		
24A. BURIAL CREMATION, 24B. DAT		or CREMATORY 24D. LOCATION (City, town, or	county) (Stote)
REMOVAL (Specify) 8-2	21-68   Baltimore	Nat'l Cem. Baltimore,	Maryland
25A. DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDR	
AUG 20 196		MORTON & DYETT F.H. 170	l Laurens S
CAN W 120	10 Charles & Markey	Montroll of Dillin 1 and 1	
VS 151-REV. 1/1/6B	7000	0 4 0 7	1

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A. Sucres Intight

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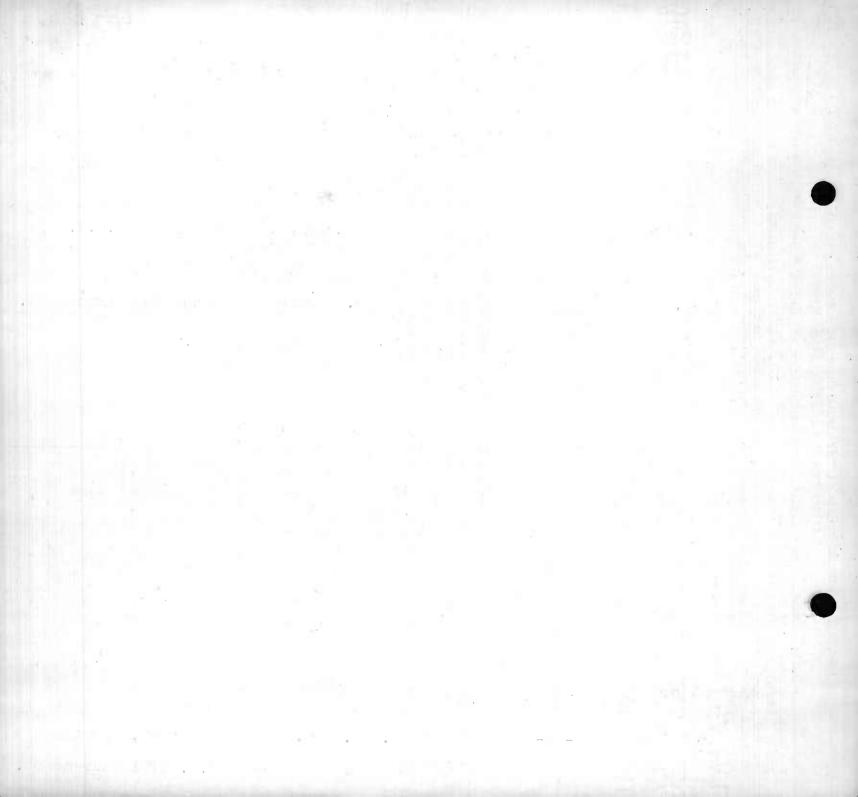
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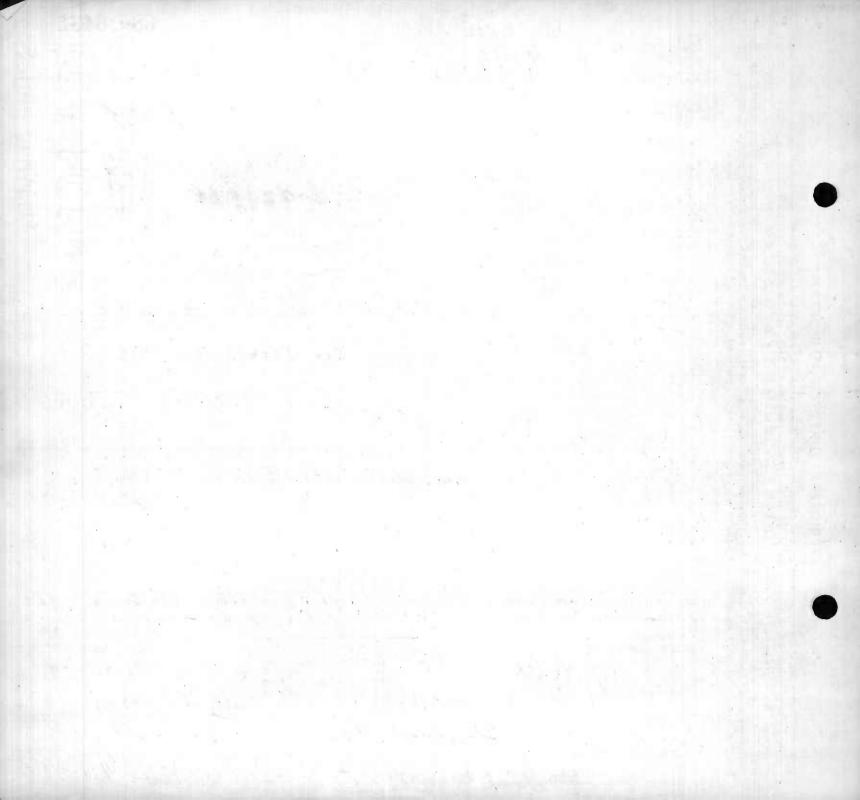
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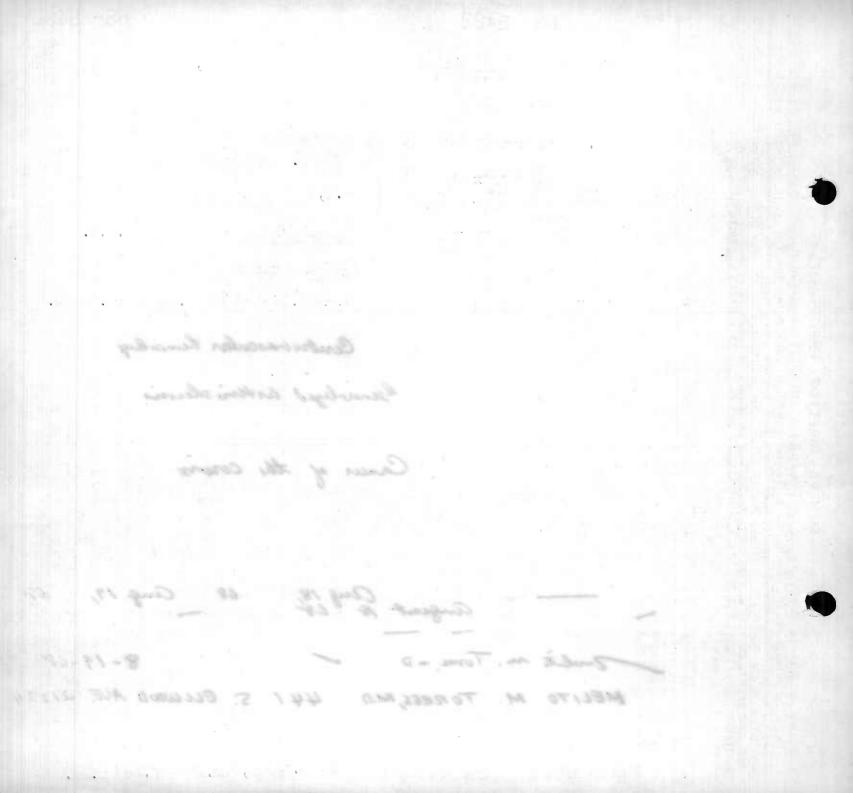
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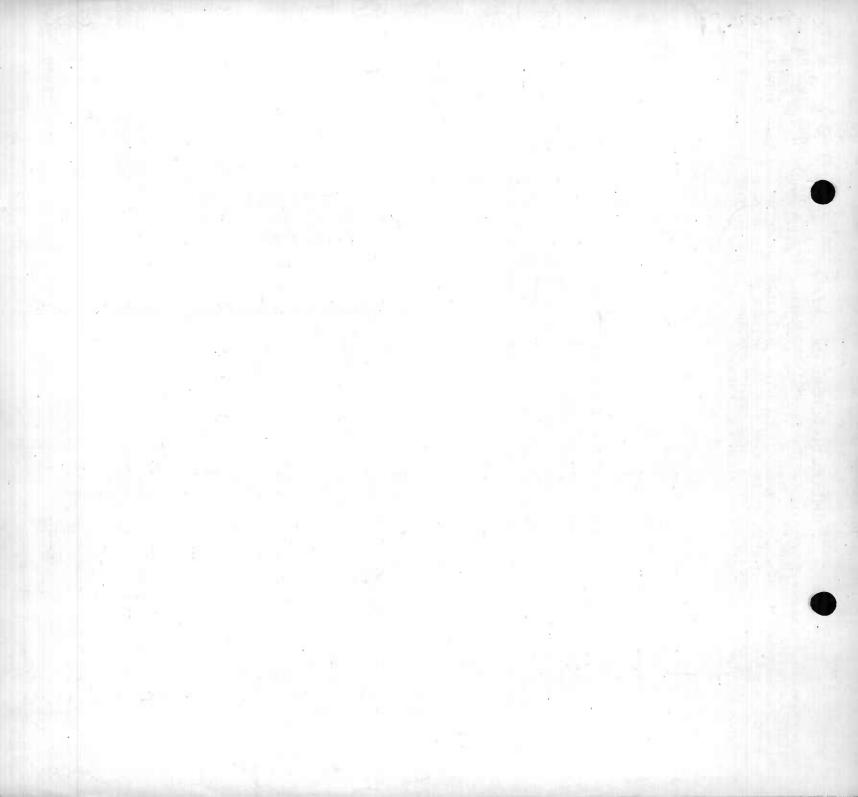


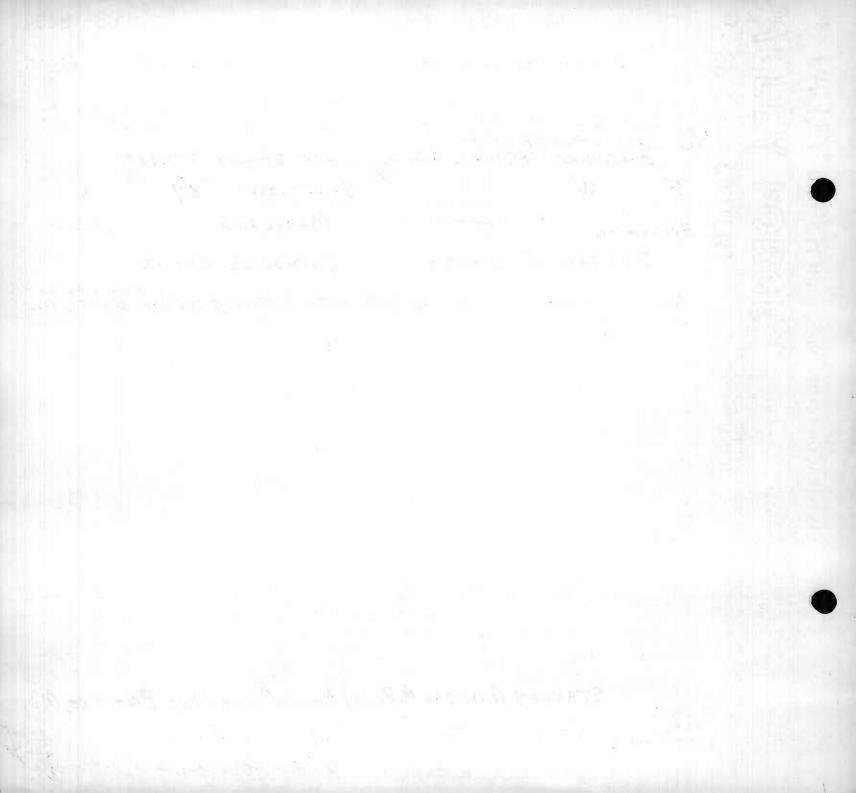
150 001 harmal .... Same Illaye Tilley many separate theple whom 2725 wheeled when Burn 8 area between the Ker Barbar death at the A time of



VS 150-REV. 1/1/68







68-8495 BALTIMORE CITY HEALTH DEPARTMENT

68- 8495

-	TH NO.	4	77120		XAMINER'S		CATEO	PLAI	REG. NO		
(Typ	e ar Print)		an alternia	0745		2. DATE OF	Knawn 🔀	Manth	Day	Year	Haur
4 5	I A CE INI RAI			OJARSKI	OUNCED DEAD	DEATH 3. DATE	Estimoted	8	15	68_	7:30 ам.
	LACE IN BAI				ION, GIVE STREET		UNCED DEAD	Month	Doy	Yeor	Hour
HOS	PITAL		SS OR LOCA			E HEHAL	ESIDENCE (Whe	Augus			968 7:30a M.
	Knit.	1001				A. STATE	ESIDEIACE (MIE	re deceosed ii	B. COUNTY	on: residence	before damission)
6. 5		1801 W.	Pratt			C. CITY OF	Maryland		In white	TITY HEATTCO	16
J. 3	4				NEVER MARRIED	C. CITT OF	TOWN		D. INSIDE	- Appenie	04
	emale	Whit	(10. AGE (I	WIDOWED	Inder 1 Yr. If Under 24 Hrs.	Bal	to .			ES X	NO L
10		7	lost birthdo		oths Doys Hours Min.	E. SIKEEI	AND NUMBER				
	7/6/14 BIRTHPLACE	State or foreign	54	12	CITIZEN OF	13. FATHER	801 W. Pr	att St.		-	
11.				12.	WHATCOUNTRY?					2)	
144		imore,		148 KIND OF	BUSINESS OR INDUSTR		ank Bojar		decease	۵)	
	during mast of			140. KIIND OF	BOSINESS OK INDUSIK						
14	WAS DECEAS	ED EVED IN	II S ADAAET	FORCESS	17. SOCIAL	18. INFOR	toninette	)		DDRESS	
(Yes	, no ar unknawn	(If yes, give w	var or dates	of service)	SECURITY NO.			Diamen			Dent+ St
-	10	1 1			CAUCE OF DEA		Veronica	primien	Stock,		PPROXIMATE INTERVAL
	E9	5 4 X			CAUSE OF DEA	IH					WEEN ONSET AND DEATH
	DISEAS	E OR COND		CTLY							
	(This does r	LEADING TO not meon the		ing og	(A)IMMEDIATE		rowning				
	heart failure	e, asthenia, etc.	. It means the	disease,	DUE TO, OR	AS A CONSEC	DUENCE OF:				
	injory or cor	inplication wind	,ii cuosea aet	,,,							
		NTECEDENT			(B)						
	RISE TO TH	OR CONDITION	ONS, IF ANY USE (A) STA	, GIVING ING THE	DUE TO, OR	AS A CONSE	QUENCE OF:			-	
z	UNDERLYII	NG CONDITI	ON LAST.		(C)						
음	E929.	.0	II								
S		NIFICANT CON									
E.	DISEASE OF	RCONDITION	GIVEN IN P	ART 1 (A).							
CERTIFICATION	20A. DATE O	F OPERATION	1 20B. COI	NDITION FOR	WHICH OPERATION W	AS PERFOR!	MED			21. AUTO	OPSY? (Yes or Na)
	2		5	5						Y	ZES
ŏ	22A EXTER UNDERLYING	NAL CAUSE		228. - hom	PLACE OF INJURY(e.g., e, farm, factory, street, affic	in ar about e bldg., etc.)	22C. WHERE DID NJURY OCCUR?	(If in Boltimo	re City, give ex	oct locotion)	1
	UTING CA				Bathtub		1801 W.				
Σ	OF INJURY	(Month) (D	ay) (Year	) (Haur)	22E.INJURY OCCURRED		22F. HOW DID IT	VJURY OCC	UR?		
	(APPROX.)	8 15	68 6	30a m.	WHILE AT NOT	WHILE X	Subject	drowne	ed		
	23.	8.81				N737					
		tify that I he		nquiry 📙		topsy XX	ond that on				
	resul	ted from: N	atural cou	ses 4	Accident Suicio	de 📙 H	omicide	Undetermi	ned manner	XX	
	ACTUAL	121		1	11/1-		CHIEF MEDICAL	EXAMINER			DATE SIGNED
	SIGNAT		Mon	15/	VIISCOMO	ASS	ISTANT MEDICAL	EXAMINER	XX		SAIL SIGNLE
	EXAMIN		100			ASS	CIATE MEDICAL	EXAMINER			
244	NAME (			Wilso				10047:01		August	
	BURIAL CRE		4B. DATE	2	4C. NAME of CEMETERY	ar CREMAT	JRY . 24D	LOCATION	(City, taw	n, ar county	(Stote)
	Burial		8/1	7/68	St. Stanisla	us Ceme	etery	Baltimo	re, Md.		
25A	DATE REC'D	BY HEALTH			E OF REGISTRAR		FUNERAL DIREC		_	ADDRESS	
		AUG 20	1968	Robert	2. Farbura	Wi	zke, 410	1 Edmor	ndson av	e. 212	229
VS 1	51-REV. 1/1/6	8 A / (0	0 4	11 7	7 6 .	-					

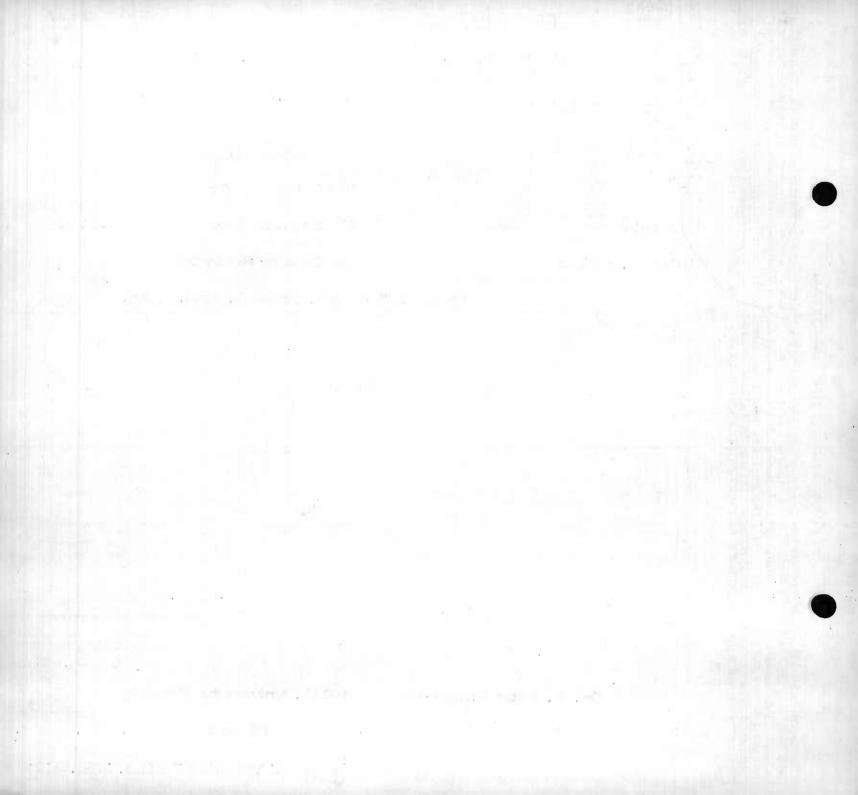
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68- 8496 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S	CERTIFICATE OF DEATH REG NO 68- 8496
BIRTH NO.	REO. 110.
1. NAME OF DECEASED (Type or Print) Edith Thornton	2. DATE Known Month Day Year Hour OF Estimoted of 8 15 68
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy Year Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION	PRONOUNCED DEAD  S. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)
00 111 W 27 \$ St	A. STATE MARY AND B. COUNTY
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY VIMITS?
Female CAL WIDOWED DIVORCED	Baltimore NO
9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs.	E. STREET AND NUMBER
Nov.5, 1892 lost birthdox) Months Doys Hours Min.	211 W 27 3+
Virginia  11. BIRTHPLACE (Stote or foreign country)  Virginia  12. CITIZEN OF  WHAI COUNTRY?  U.S.A.	Late George Kerns
14A.USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTR	Y 15. MOTHER'S MAIDEN NAME
done during most of working life, even if retired) Housewife	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 117. SOCIAL	18. INFORMANT
(Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	811 N. Chapelgate
19. CAUSE OF DEA	Mrs. Norman DowningRalto, Md 21220
1 2884 N	BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY CRAN	io Cerebral injury
LEADING TO DEATH  (A)IMMEDIATE  (This does not meen the mode of dying, e.g.,	CAUSE AS A CONSEQUENCE OF:
heart failure, asthenia, etc. It means the disease, Injury or complication which coused death.)	AS A CONSEQUENCE OF.
ANTECEDENT CAUSES (B)	AS A CONSEQUENCE OF:
KISE TO THE ABOVE CAUSE (A) STATING THE	AS A CONSEQUENCE OF:
Z UNDERLYING CONDITION LAST. (C)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	Schorotre Cardio Vascular di sance.
DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	VAS PERFORMED 21. AUTOPSY? (Yes or No)
	Yes
22Å. EXTERNAL CAUSE WAS 22B. PLACE OF INJURY (e.g.	, in or obout 22C. WHERE DID (If in Boltimore City, give exact location) ce bldg., etc.) INJURY OCCUR?
UNDERLYING OR CONTRIB-	311 W 21 - 27
22D TIME (Month) (Dow) (Year) (Hour) 122E INITIES OCCUPRED	22F. HOW DID INJURY OCCUR? Supposedly
(APPROX.) 8 15 68 m. WHILE AT NO AT WORK	WORK & fell down Steps
23.	HORR (L)
I certify that I held an Inquiry Inspection A	utapsy 🔀 ond that an this basis, death in my apinion
resulted from: Natural causes Accident Suici	de Hamicide Undetermined manner
	CHIEF MEDICAL EXAMINER
ACTUAL REPORTED A TOTAL	ASSISTANT MEDICAL EXAMINED DATE SIGNED
SIGNATURE M.I	ASSOCIATE MEDICAL EXAMINER   S-18-6
NAME (Type) WEFRET U 5 3112	ASSOCIAL MEDICAL EXCHINELY
24A. BURIAL CREMATION, REMOVAL (Specify) 24B. DATE 24C. NAME of CEMETERY	ar CREMATORY 24D. LOCATION (City, lown, or county) (Stote)
Burial 8/20/68 Woodlawn Ce	emetery Woodlawn, Balto.Co., Md.
25A. DATE REC'N BY MEALTH DEPT 25B. NAME OF REGISTRAR	25 C. FUNERAL DIRECTOR ADDRESS
And AU 1300 Colout & Tarbuth	Witzke Fun. Dir., 4101 Edmondson ave
VS 151-REV. 1/1/68	11 0 4 7 7 2 21229

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VS 150-REV. 1/1/68

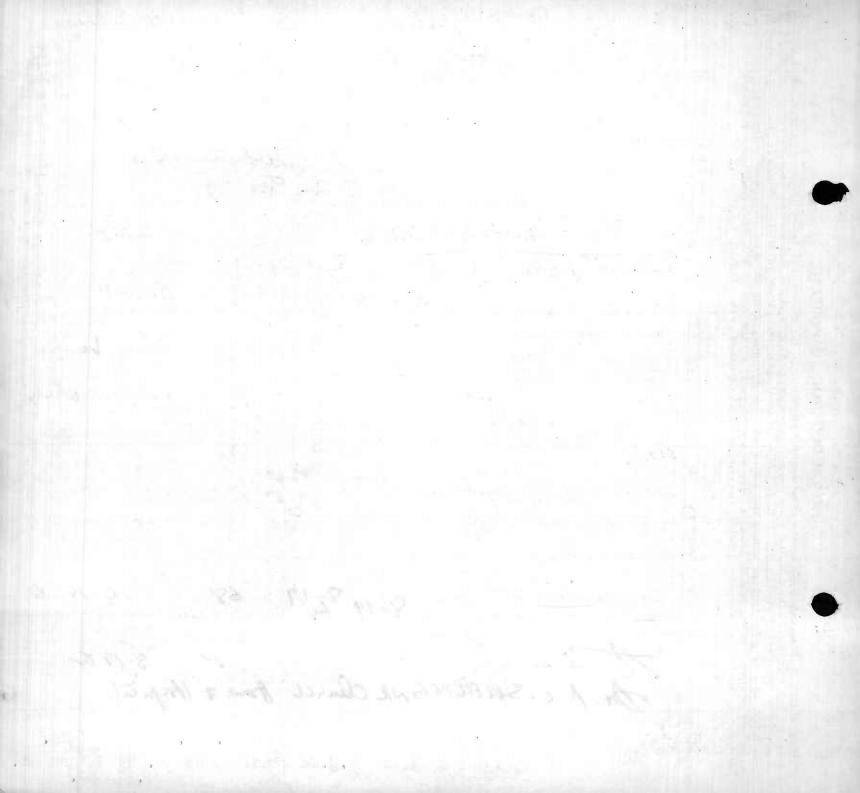
2715 N. Combins St. 2-14-92 76 studie white Conada Day was you Sugar Pocket Loseph Guy

autiliam Estadaia second track stools wat for

61-8 59

FUNERAL DIRECTOR: IMPORTANT

	68- 8499 BALTIMORE CITY HEALTH DEPARTMENT REG. NO. 68- 8499
010	CERTIFICATE OF DEATH
, N	RTH NO.  NAME OF DECEASED  A 12 DATE AND HOUR OF DEATH
	1117 Charles 11. Tax ch 8 1 10 16 1.30
3. 1	A. STATE B. COUNTY
10	JULI NAME OF OFFICE (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)  C. CITY OR TOWN 2/2/8 D. INSTITUTION
N S	Church Home and Haspitel Ballingre YES NO
2	E. STREET AND NUMBER
_	SEX 6. RACE 7. MARDIED NEVER MARDIED 8. DATE OF BIRTH 9. AGE (In years   II Under 1 Yr., If Under 2
-	Markie De Never Markie De S. 20.90 ost birthdoy Months Doys Hours N
	A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stote or foreign country)  12, CITIZEN OF WHAT COUNTRY OF WHAT COUNTRY 11, BIRTHPLACE (Stote or foreign country)  12, CITIZEN OF WHAT COUNTRY 11, BIRTHPLACE (Stote or foreign country)  12, CITIZEN OF WHAT COUNTRY 11, BIRTHPLACE (Stote or foreign country)  12, CITIZEN OF WHAT COUNTRY 12, CITIZEN OF WHAT COUNTRY 12, CITIZEN OF WHAT COUNTRY 13, BIRTHPLACE (Stote or foreign country)
13.	FATHER'S NAME
	EHARIES HENRY DASCH Emilling Reess
	. Was Deceased Ever in U. S. Armed Forces?   16. SOCIAL 17. INFORMANT ADDRESS
	es, no or ocknown) (If yes, give war or dotes of service) SECURITY NO. 404 A MRS. MARY E. DASCH (SAI
	18. APPROXIMATE INTE
	LEADING TO DEATH CAMMEDIATE CAUSE Pembleral Carcullaby hours
	(This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF: 10 . 0 . 14.
	hearl foilure, asthenia, etc. It means the disease, injury or complication which caused death.)
	ANTECEDENT CAUSES (B) April Cheuryen we
	DISEASES OR CONDITIONS, if ony, giving  DUE TO, OR AS A CONSEQUENCE OF:  DISEASES OR CONDITIONS, if ony, giving  DUE TO, OR AS A CONSEQUENCE OF:
	UNDERLYING CONDITION lost. (C).
7	, 481X II
TIO	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL
FICA	DISEASE OR CONDITION GIVEN IN PART I (A).  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
ERTIF	6 ho
L C	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, farm, foctory, street, office bldg., INJURY OCCUR?
DICA	DEATH (notify medical examiner) etc.)
MED	OF INJURY While At Not While
	22. I certify that (I) (this hospital) attended the deceased from 196 % to
	that (I) (we) lost sow the deceased alive on 17 19 ond that In(my) (our) apinion death occurred on the
	and haur and from the causes stated above. (1) (We) (did) (did nat) view the body after death.  23A. SIGNATURE  23B. DATE SIGNED
	Attending Med. Staff D 8-19 Tox
	23C. PHYSICIAN'S   23D. ADDRESS
	NAME (Type) A. E. SUBONG NR Church Ame & tonfulat
24/	A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, or county)
	Burial 8/22/68 Parkwood Balto, Co. Nd.
254	Burial 8/22/68 Parkwood Balto. Co. Md.  SA. DATE REC'D BY WEALTH DEPT. 258. NAME OF REGISTRAR  ON THE TABLETON SON CO. 100 C. 10
25#	Burial 8/22/68 Parkwood Balto. Co. Nd.  AUG 10 1968 Parkwood Balto. Co. Nd.  ADDRESS PARKWOOD BALTO. Co. Nd.



0	BALTIMORE	CITY	HEALTH	DEPARTMENT	
0					

68- 8500

	6	8- 85	500 CEDTIFICA	TE OF DEA	TENI	REG. NO.	68-	8500
BIRTH NO.			CERTIFICA					
NAME OF D Type or Print)	A		111 . 1 ,	1		OUR OF DEATH	0	
	And		. Wright	710	igust	18, 1960	5.	
3. PLACE IN B	ALTIMORE, MARYLAND,	WHERE PRON	OUNCED DEAD	4. USUAL RESIDENCE	CE (Where de	eceosed lived. If in	stitution: resider	nce before admission
FULL NAME C	F (IF NOT IN HOS	PITAL OR INST	ITUTION, GIVE STREET	Md.			11	-0 4
NSTITUTION	ADDRESS OR LO	CATION)		C. CITY OR TOWN	-	D. INS	DE CITY LIMITS	?
1/1/	Maion Man		Un midal	Baltin	none		YES K	NO 🗌
44	Union Mem	orial 1	rospital	E. STREET AND NU		1010 11	1 10	1
					4	910 Hars	tord Ko	ad
SEX	6. RACE	7. MARRIE	D NEVER MARRIED	B. DATE OF BIRTH		GE (tn years birthdoy)	If Under 1 Y	r. If Under 24 H s Hours Min.
Male	White	WIDOWE	DE DIVORCED	6/24/98	1031	70	1110111115	
			OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stot	e or foreign c	country)	12. CITIZEN	OF WHAT COUNT
0	of working life, even if retired	1)		M . 1	1		111	- 1
FATHER'S N	ed Baker			Maryla	ra		4.3	.H.
· LWILLER 2 IA	AME			14. MOTHER'S MAIL	DEN NAME			
	ard Wright			Wilhile	nina	?		
. Wos Deceos es, no er unknow	ed Ever in U. So Armed I	orces?	1 6. SOCIAL SECURITY NO.	17. INFORMANT	111-111-11			DRESS
No	7 3		JECOKIII NO.	Mr. Michae	el F.	Delea. D	2.15 W.	Mulberr
1B. / /	A Q .		CAUSE OF DEAT			- 0		PROXIMATE INTERVAL
-4.	ASS OF CONDITION	DIDECTIV		£	۸	0.0		EEN ONSET AND DEA
DIZE	ASE OR CONDITION I LEADING TO DEAT			Double Hill	march	al Alaka		
(This does	nat meen the made		(A) IMMEDIATE CAL		n Carla	ras Arribo	CALO (II	
heart failur	e, asthenia, etc. It mea	ns the diseos		A CONSEQUENCE OF:		0		
injury ar c	amplication which cous	ed death.)						
	ANTECEDENT CAUS	ES	(0)					
	OR CONDITIONS, if			A CONSEQUENCE OF	:			
	Ihe abave cause (A NG CONDITION last.	() slaling th						
10			(C)		A			
400	1	ONITRIBUTING		0 0 . 1	V	6 11		
TO THE DE	VIFICANT CONDITIONS C ATH BUT NOT RELATED TO	THE TERMINAL	19tolich	we of	Mille	, ough	1000	
DISEASE OR	CONDITION GIVEN IN P.	ART 1 (A).	WHICH OPERATION	20A. AUTOPSY? (Ye	es or Noil 20	R IF VES WERF	INDINGS CO.	ICIDEBED
19A. DATE		ERFORMED		ZON AUTOFST!	IN	B. IF YES, WERE A	USES OF DEAT	H?
21A. ACCID	FNT WAS LINDEDLYING		R DI ACE OF INITIAN	a chouldto where	DID	/15 t m 1	011	
OR CONTRI	ENT WAS UNDERLYING	ho ho	B. PLACE OF INJURY (e.g., in pine, form, foctory, street, of	fice bldg., INJURY OC	CUR?	(It in Boltimor	e City, give exo	ct locotion)
DEATH (not	ify medical examiner)	et	c.)					
21 D. TIME OF INJURY	(Month) (Doy) (Yeo	r) (Hour) 21	E. INJURY OCCURRED	21 F. HOW [	DID INJURY	OCCUR?		
(APPROX.)		W	/hile At Not While					
			/ork			9	- 18	10
	fy that (1)(this haspit		the deceased fram	7 ( )	19 🥠	20 to 8	10	19 68
that (I) (w	e) last saw the decea	sed alive an	X = 10	1968	and that in	n(my) (aur) api	nion death ac	curred on the d
and haur a	nd fram the causes st	tated abave.	(I) (We) (did) (did nat) v					
23A. SIGNA		1		. /			238. DATE SIG	SNED
	1 Wort.			nding Med.	Staff		8//	8 612
22C BUYCLC	LAAMS!	4	GEGREE Phys		r Phys	. 🗆 ,		1 0 8
23C. PHYSIC NAME	(Type)	10:	W11000 1	3D. ADDRESS	> Ne	Decole	(201	1
	>60 est	the	DEGREE	201	ITO	wind	100	
A. BURIAL CI	REMATION, 248. DATE	24C.1	NAME of CEMETERY OF CRE	MATORY	24D. LOCA		ty, town, or cou	
REMOVAL	1 1/24	168 P	arkwood		Balt	imore, /		
Buria	D. BY HEALTH DEST	258 11445		lore Province		7	-	
A. DATE REC	AUG 2 n 1968	A NAME	OF JEGISTRAR	25C. FUNERAL DI	RECTOR	10		DDRESS
	THE BUILDING	MACHE	And March	Leonard.	4. 1KU	ck. ync.L	Dalto.//	1d.21214

VS 150-REV. 1/1/68